injury, or ather troumatic event, the

IMPORTANT: # hem 21 is marked or Item 18 shows any

Item 5,6, Fin G831 9-24-87 dw per Funeral Home

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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600	0	0	

1	7	HEGISTRAR				CERTIF	FICATE OF DEATH	180	REG. N	0			
		SE ASED NAME	FIRST		MIDDLE		LAST	1		MONTH	DAY YEA	R 2	b HOUR
9	line		COB			ABESH	HOUSE		September	2. 1	987		10:45am
	3 SEX 4 RACE					S. DATE O	14114		. AGE IN YEARS LAST BIR		IF UNDER 1 Y	EAR	IF UNDER 24 HRS
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1	To BII	RTHPLACE STATE OR	FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MADDIE	DXX NEVER MARRIED	9	BALTIMORE CITY	R COUNT	TY OF DEATI	Н	
2	Pe	nnsylvan		U.S.		WIDOWE	ED DIVORCED		Montgome	erv_(Count	v.	MD
S	4	TY OR TOWN OF DEA			HOSPITAL, NURSIN		OR OTHER INSTITUTION		20 USUAL OCCUPAT				BUSINESS OR
2	100	llver Spri	- /		Cross Hos				Office Man				Lamp C
	USUA 130 S	AL RESIDENCE (IF NURS	136 COUN	OTHER INSTITUTION	13c. CITY OR TOW		134 INSIDE CITY LIMIT		3 STREET ADDRESS	_	/	79	999
4	PA		Luze	rne	Luzerne		YES NO		232 Sly S	treet	(1870	95	11/
	MLFA	THER'S NAME FIRST		MIDDLE	LAST		15. MOTHER'S MAIDEN	NNAME	MIDDLE			LAST	
	0	Israel			Abeshou		Bessi	ie			Pin	ske	er
2		VAS DECEASED EVER		MED FORCES?	166. SOCIAL SECU	RITY NO.	17 INFORMANT		Sir	ver s	Spring,	Md.	20904
-	er.	NO			211-10-8	8421	Bernard Ab	esh	ouse; Son; 1	2125			
		18 CAUSE OF DEAT	H (Enter or	ly one couse per	line for (a), (b), and	dici.i	1.	. +			BETW	ROXIMA EEN ON	SET AND DEATH
		TAKTI DEATT		TE CAUSE (a)	Case	16143/	nealed ar	41			/	aur	with
		1,1811.35		DUE TO, O	R AS A CONSEQUE	NCE/OF					2		~ ~
		Conditions, if any, gave rise to imr		(b)_	142	ohom	a				2	436	47
		couse (a), statin	g the	DUE TO, O	R AS A CONSEQUE	NCE OF							
				(c)									
	z	PART 2 OTHER SIGN	VIFICANT (CONDITIONS CO	DNTRIBUTING TO	DEATH BUT	NOT RELATED TO THE	TERMIN	AL DISEASE OR CON	DITIONG	IVEN IN PAR	T 110	
1	CERTIFICATION	190 DATE OF OPERA	TION	LIBA COND	TION FOR WHICH	OBERATIO	N WAS PERFORMED		20a AUTOPSY?	Tank IS V	ES, WERE FIN	IDING	S LISED
	FIC/	198 DATE OF OPERA	11014	140. COND	IIION FOR WHICH	OPERATIO	N WAS PERFORMED			IN CERT	TIFYING CAU	SES O	F DEATH?
	ERT	210 ACCIDENT WAS UNI	DERLYING T	1 21b. TIME O	F IN II IRY		Tale HOW IN ILIPY OF	CLIDDE	YES NOL		YES		NO [
,		OR CONTRIBUTING	CAUSE OF DE	HOUR A.	M. MONTH DA	YE AR	THE HOW HOOK! OC	CCORRE	(ENTER NATURE OF INJU	KA IM HEW IR	S PART OR PART	23	
	MEDICAL	116 EITHER NOTIFY MEDI		21e PLACE		19	211 LOCATION						
	WE	WHILE D NOT WE			REET, FACTORY, OFFICE, F.	ARM, ETC]	STREET		CITY OR TO	WN	COUNTY		STATE
		220. certify that (I)		tal) attanded th	a deserved from		JUY 1	27	Si	PT 2	- 377	- 1	
		saw the decease	ed alive an	SE	PT 2 19 0	7 0	nd that in (my) (aur) ap	inion de	_, to ath occurred on the d	ate and he	aur and fram	the co	at (I) (we) lost
		above, (1) (we) (c	did) (did no	view the body	after death.	/	DEGREE			210 0110 110		ATE SI	
		BUUL	1 4.	13.4	Me	1	ATTENDIN	NG A	MEDICAL STA	FF _	120	MIL ST	ONED
		22d PMISICIAN'S N	AME ITYPE C	OR PRINT)	1	A .	PHYSICIA 22e ADDRESS	AN I	DIRECTOR PHYSIC	IAN [
h		BRUCE	A.	SILVE	R. MI		106/11/19	1 84	15.61 61	4. Shu	19/En	M	
_	220 B	URIAL, CREMATION,	DE MOVA 1	23b. DATE	192. 4	LAME OF C	EMETERY OR CREMATO	201	23d LOCATION		1 1		
	1	SPECIFY)	KEMOVAL		10.7				CITY OR TOWN		COUNTY		STATE
		Surial UNERAL DIRECTOR I	ANTZAN	9/4/87		Kmen	S Circle Ce	DATE	ery; Shave	C COWN	, Penr	ISY.	lvania_
		1 distail?			WOUNESS			SEP	8 - 1007		Deviden		date
	11	70 Rockvil	Te Li	ke; koc	KVILLE, M	Ia. 20	J852 V	161	0 130/	1	Par 1	10	Silver of

DHMH - 16 60M 7/84 (VRA 15, 4)

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The State of the S	
38P B 1987 2.3 ASST B 932	

- STATE REGISTRAR

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIEN	E
CERTIFICATE OF DEATH	

26680

SECONED NAME MIDDLE 20 DATE OF DEATH 26 HOUR. 4. RACE & AGE (IN YEARS LAST BIRTHDAY Jan BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE I STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY WIDOWED OR TOWN OF DEATH 176 KIND OF BUSINESS OR USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 130, STATE 173 3d INSIDE CITY LIMITS? 14. FATHER'S NAME 17 INFORMAN 160 WAS DECEASED EVER IN U.S. (IF YES, GIVE WAR OR DATES) (YES, NO DO LINKNOWN) 18 CAUSE OF DEATH (Enter only one cause per line for ia), (b), and ic PART I. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES [NO [NO 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 218. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OF TOWN AT HOME STREET FACTORY, OFFICE FARM ETC.) STREET WHILE NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased fram saw the deceared live on above, (I) (we) didd did not) view the bady after death. and that in (my (aur) apinion death accurred on the date and hour and from the causes stated 226. SIGNATURE DEGREE ATTENDING FARRAGUT 231 NAME OF CEMETERY OR CREMATORY Burial 9-25-87 Ash Memorial Cem. Sandy Spring, Montg. 24 FUNERAL DIRECTOR

20850

Rockville, MD

DHMH - 16 60M 7/84 (VRA 15, 4)

George R. Snowden

Made Till and Start of the second second

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201] [
7	51
TO HOSPITAL OR ATTENDING PHYSICIAN; The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.	3
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely killed in by the funeral director, page 3	6
should be deteched for use of the buriot-trons in permit. Then prease remove coroning-person gigs I and 2 should be alread writing 2 income to write the Stote Dept. of Health and Mental Hygiene prior to buriot, cremation, or removal.	
IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other troumatic event, the medical examiner must be notified of other	00

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYPENE

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361	OCT	-11	FOR STATE PEGISTRAR			DEPARTM		EALTH AND MENTAL HY	REG. N	0.	0 0	
			CEASED NAME	FIRST		MIDDLE	U	AS1	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
oge 3		TITPE		EROY		ARDEN	A	FFELDT	SEPTEMBER	23, 19	987	1:00P M
E		3. SE			4 RACE		5. DATE O		& AGE IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HRS
ge 4 ector irs off			MALE	41.7	WH	ITE	NOVE	MBER 28, 1935	51	YRS.	WOMINS! DATS	HOURS MIN.
Poor Poor	3//	70. BI	RTHPLACE (STATE OR F	OREIGN	76, CITIZEN OF	WHAT COUNTRY?	8.	NEVER MARRIED	9 BALTIMORE CITY O	RCOUNTY	OF DEATH	
eoth nerd in 72	150		ou Wisconsir	ו	US	A	WIDOWE		MONTGOMERY	COUN	ΓY	MD.
with the	27/	10 CI	TY OR TOWN OF DEA	TH /		HOSPITAL, NURSIN		R OTHER INSTITUTION	12a USUAL OCCUPATE		EL INDUSTRY	F BUSINESS OR
by #	1	-	BETHESDA		NIH, T	HE CLINIC	AL CE	NTER	Farmer		Agric	ulture
24 hou	Ser C	130. 5	AL RESIDENCE (IF NURSI TATE SCONSIN	136 COUN		GIVE RESIDENCE BEFORE 13c CITY OR TOWN MARKESAM		13d INSIDE CITY LIMITS?	Rt. 3, BOX		9	9999
plerety and Z sh	1974		THER'S NAME Elmer		MIDDLE	Affeldt		15. MOTHER'S MAIDEN NAM Agnes			chwandt	ī
1 0 L	8	16q V	VAS DECEASED EVER	IN U.S. AR	MED FORCES?	397 38 3	RITY NO.	17. INFORMANT	ADDRE	55		
Poge Poge	Je 2	1/46	S, NO OR UNKNOWN)	(IFINES OH)	E WAR OR DATES	39/ 38 3	048	SHIRLEY AFFE	LDT (WIFE)	SAME	AS DECE	ASED
siciol pers.	the of		18. CAUSE OF DEATH	H (Enter on	ly one couse per	line for (o), (b), one	l (ch)				APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
rhifice phy on po	eveni		18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) CARDIAC ARREST								1	0 min.
h cei	or re		DUE TO, OR AS A CONSEQUENCE OF									
deot otter	noun, oum		Conditions, if ony,		(b)_	NECROTIZ	ING F	ASCITTIS			3	6 HRS.
hot the by the ose rem	ol, cremo		gove rise to imm couse (0), stoting underlying couse	g the	DUE TO, O	R AS A CONSEQUE METASTAT		NAL CARCINOMA				4 MON.
equires to signed Then ple	to burio njuny, or	NO	PART 2. OTHER SIGN	IIFICANT (CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIV	EN IN PART 10	D
beer and	ony i	CERTIFICATION	190 DATE OF OPERAT	ION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES	WERE FINDIN	AGS USED
he lo	ows ows	T F	SEPTEMBER	23,	1987				YES NO		XXXX	NO T
CIAN: T physici rtificote ol-tronsi	om 18 sh		210. ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEA	216. TIME C		Y YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 P	ART I OR PART ?)	
G PHYSI offending er this ce the buri	ond Me	MEDICAL	21d INJURY OCCURR	RED	71e PLACE			211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
TENDING of or of the of	of Health				tol) oftended the	BER 23 19	SEPTE 87	MBER 16, 19 87 od thot in 米※ (our) opinion o	, to <u>SEPTEME</u> death accurred on the d	SER 23 ote ond hou	19_87 r ond from the	that 🛣 (we) lost
the hosp the hosp at DIREC	te Dept.		22b. SIGNATURI	WY	Sent	when my	20	DEGREE	MEDICAL STA	FF \	22c. DATE 9/2	SIGNED
SPIT.	AN TAN		22d PHYSICIAN'S NA					220 ADDRESS ANATI	ONAL INSTIT	UTES	OF HEAL	TH, 9000
O FUI	with the Stor		SCHWA	ART ZE	ENTRUL	BER		ROCKVILLE PI				
BP CI	9	23a E	SPECIAL, CREMATION,			26,1987 M		emetery or Crematory am Cemetery	23d LOCATION CITY MENTAL	esam,	Green I Wiscor	Lake Co.,
DHMH - 16 6		24. FI	NERAL DIRECTOR			Va. 2220		25e. DAL	P 3 0 987.	28/8/05	Sapidonim	NAS D

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STATE OF MARTLAND	52
DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	1

REG. NO

ADDRESS

(TYPE OR PRINT)	Carlos	3 /	1.	Agu	irre		Sep	t. 1	1987			4:5	50A
3. SEX		4 RACE		5. DATE O	FBIRTH		6. AGE	(IN YEARS LA	ST BIRTHDAY)		DER I YEAR	IF UNDER	_
Male		Whit	е	Aug	18.	1931		56	YR	MON1	HS DATS	HOURS	MIN,
	OR FOREIGN	76. CITIZEN OF V	VHAT COUNTRY?	8	- NEVE	R MARRIED	9. BALT	MORE CI	TY OR COUN	NTY OF	DEATH		
Uruguar		Urug	uay	WIDOWE		DIVORCED [7//	ontgo	mery				М
10 CITY OR TOWN OF	DEATH		OSPITAL, NURSIN		R OTHER IN	NSTITUTION		JAL OCCU			26. KIND C	F BUSIN	ESS O
Bethesda		Suburb	an Hospit	tal				conom	ist .		nt.M	ont.	Fun
USUAL RESIDENCE (1F) 130. STATE MD	136 COUN		Be thesi	N	13d. INSIDE	CITY LIMITS?			ess / zip co		ne/20	814	
14 FATHER'S NAME FIRST		MIDDLE P	LAST Agui me			FIRST	AME	MIDI		Est	ias Anda	ווידוו	

No		570-74-3115	Lydia Aguirre,	Same	address a	is #10.
		per line for (a), (b), and (c),) Heart a	Aciels			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, gave rise to imme couse (a), stoting	DUE TO	O, OR AS A CONSEQUENCE OF	/	unia		
PART 2 OTHER SIGNI	lc.	CONTRIBUTING TO DEATH BUT				N IN PART 1/a

Henrende	unca Herre	message						
90 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	WAS PERFORMED	20a AUTO		20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH			
			YES 🗌	NOM	YES 🗌	NO 🗌		
210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c. HOW INJURY OCCURRE	D (ENTERN	ATURE OF INJUI	RY IN ITEM 18 PART I OR PART	2)		

HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER P.M 21e. PLACE OF INJURY 21d INJURY OCCURRED

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

211 LOCATION CITY OR TOWN

ITEM 18 PART 1 OR PART 2)

STATE

sow the deceased	alive on 7	ended the deceased from	4-26 E.Z., and that in (my) (vot) apinion death accu	7 - Co	, 19
226. SIGNATURE	1		DEGREE			220 DATE SIGNED
12-11	, 11			ATTENDING MEDIC	AL STAFF	9-1-87

9/3/87

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 5323 Conn. Ave. N.W.

Wash., D.C. 20015

Marshall H. Jacobson 230 BURIAL, CREMATION, REMOVAL

NOT WHILE

160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) | IF YES, GIVE WAR OR DATES)

> 23c. NAME OF CEMETERY OR CREMATORY Gate of Heaven Cem.

23d LOCATION Silver Spring, MD

last

24 FUNERAL DIRECTOR Joseph Gawler's Sons, Inc. 5130 Wisconsin Ave, NW, Washington, D.C. 20016

Burial

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

BP

TO FUNERAL DIRECTOR:

CERTIFICATION

MEDICAL

morked or Item 18

MPORTANT: If hem 21 should be detached with the State Dept

NOTE:					1
	Sept. 1, 198	(E.F.)	730 .	* n * m	
	95	I	3 .00	d hills	
		35	Kin	. n.d	A name
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auth auth	grap ann	er Sol	nirre	P.C	lberto
. Eft an an	en alle entre	Tydia Caria	578-71-7128		0
				l'il. succionos	

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66	21	and by the unrending physician and carpitals alled in by the theust director, page 3
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AARY	11	1
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BAI	ficote	hysic
TS N	500	g Guig
6510	death	other
× 78	il.	4
201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	es that the death certificate be executed within 24 hours after death. Page 4 may be	d per

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL ATGIENE CERTIFICATE OF DEATH

0 0

818	FOR TATE REGISTRAR			DEPARTN		ICATE OF DEATH	REG. NO.		
	CEASED NAME	FIRST		WIDDLE	Ĺ	AST	20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR
11	- Caranal)	MI	CHAEL A	LTIER			SEPTEMBER 12	1987	12:20 H
1. SEX	(4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	
	MATE	MALE CAUCASIAN A		ATICI	ST 9 1909	78	MONTHS DAYS	MOURS MIN.	
7a 811	RTHPLACE (STATE OR	FOREIGN I		WHAT COUNTRY?	8	37	9 BALTIMORE CITY OR COL	JNTY OF DEATH	
	OUNTRY) ITALY		UNITED	STATES	MARRIE	D NEVER MARRIED DIVORCED	MONTGOMERY		
	TY OR TOWN OF DEA					OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND	OF BUSINESS OF
TIS III	BETHESDA AL RESIDENCE OF NURS			NAVAL HO	SPITA	AL .	RETIRED .	U.S.	
13a. S		13b. COUN		13c. CITY OR TOWN ROCKVILL	N	13d INSIDE CITY LIMITS? YES NO [13e STREET ADDRESS / ZIP C 268 CONGRESS I		IE 2085
14 FA	THER'S NAME	Α.	AIDDLE	LAST		15. MOTHER'S MAIDEN NAM	WE		AST
JOHN ALTI				LAST			NIA YAMICELLI	L	not
	. WAS DECEASED EVER IN U.S. ARM (YES, NO OR UNKNOWN) (IF YES, GIVE 1926					17. INFORMANT	ADDRESS		
YE			-1956			LILIANA ALTIE	TIER, 268 CONGRESSIONAL LANE,		
CERTIFICATION	190 DATE OF OPERA	mediate ng the last.	1b) DUE TO, O (c) ONDITIONS CC	R AS A CONSEQUE SQUAMOUS ONTRIBUTING TO D	BSTRU NCE OF CELL DEATH BUT	n was performed	CAL CORDS INAL DISEASE OR CONDITION 200 AUTOPSY? 200. IN C	IF YES, WERE FIND ERTIFYING CAUSE YES [DINGS USED ES OF DEATH?
	210. ACCIDENT WAS UNI	CAUSE OF DEAT	In .	M. MONTH DA		21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITE	m 18 PART OR PART 2)	
WEDICAL	(IF EITHER NOTIFY MEDI		P. 21e. PLACE	M. OF INJURY	19	211 LOCATION			
ME	WHILE IT NOT WE	Alle 🔲		REET, FACTORY, OFFICE F	ARM, ETC)	STREET	CITY OR TOWN	COUNTY	STATE
1				a desert from a	TIII.Y	11 10 87	SEPTEMBER	12 10 87	1
a	saw the deceased alive an SEPTEMBER 12 19 87, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (did) (did) only few the body after death.								
	226. SIGNATURE	AME (TIME OF	ave	-	14	ATTENDING PHYSICIAN [22e ADDRESS NAVAT	MEDICAL STAFF DIRECTOR PHYSICIAN	179	Sept
	T A DOLL	CTN 1	T MC	TICNE			ESDA, MD 20814	-5011	
23a. B	URIAL, CREMATION, SPECIFY Burial			11SNR 87 A:	AME OF C	EMETERY OR CREMATORY	23d LOCATION metery Arli		rginiatate
24. FU	NERAL DIRECTOTY	rson W	heeler ike, Roc				E REC'D. BY REGISTRAR 256. RE	CISTRAD'S SICNIA	

DHMH - 16 60M 7/B4 (VRA 15, 4)

STATE OF MARYLAND 065964 SEP 17 DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) OF ESTI NONG Frances DEATH MATED PM 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE 15º48 MONTH LAST BIRTHDAY) VEAR PRONOUNCED 10 DEAD A M Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Pennsylvania U.S.A. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Seamstress (ret) Self-employe Bethesda Suburban Hospita IAL RESIDENCE LIE IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR HJE COUNTY 13c CITY OF TOWN 13d. INSIDE CITY LIMITS? 6925 Georgeia Ave/20011 NO Wash. D.C. YESULX ATHER'S NAME 15 MOTHER'S MAIDEN NAME AA IDDLE Philip Bellante UNKNOWN 6104.65 E. 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO IT INFORMANT Daniel Bellante/Baltimore, MD 21224 180-24-4314 BETWEEN ONSET AND DEATH DUE TO, OR AS A CONSEQUENCE OF USED AS A BURIAL - TRANSII OF HEALTH AND MENTAL IRIAL, CREMATION, OR RE

terio Sclerosis Conditions, if ony, which gave rise to immediate couse (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NO X 218 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED 1 ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. June 19 8 21e PLACE OF INJURY trilage 21d INJURY OCCURRED II LOCATION AT WORK NOT WHILE STREET, EACTORY, EARM, ETC.) Home 22a. I certify that I took charge of the remains described above, held on Inspection Homicide Undetermined manner Natural couses TITLE (SPECIFY ACTUAL SIGNATURE EXAMINER'S NAME WISCONSIN (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 234 LOCATION Huntingdon, Pennsylvania Holy Cross Cemetery 9-14-87 Burial

(VR. A15 ME (51)

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MEDICAL EXAMINER: THIS CERTIFICATION OF WELL SET STATEMENT OF THE CHIEF OF STATEMENT OF THE CHIEF OF THE PAGE 3 SHOULD BE USED THE DEAL WITH THE STATE DEPARTMENT OF HIEF OF THE DEPARTMENT OF THE DEPARTMENT OF HIEF OF THE DEPARTMENT OF THE DEP

24 FUNERAL DIRECTOR ENDON-Hale Lanham Funeral Home Date REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Annapolis Rd., Lanham, Maryland20706SFP

STATE OF MARYLAND	0
DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	A A

067	6 3 3 OCT -	5 Ω	7OR STATE			DEPART	MENT OF H	E OF MARYLAND	GIENÉ 2	6	5 8 .	2
	9 9 9 001	JI V	REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	0		
1			CEASED NAME	FIRST	,	AIDDLE		AST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
TA :	depth depth	(TIPE		etty	V	iola	Anders	son	September	28,	1987	5:30a _M
(5)	ad .	3 SEX			4 RACE		S. DATE (6. AGE (IN YEARS LAST BE	THDAY	MONTHS DAYS	IF UNDER 24 HRS
W.	rs aft		Female		Caucas	ian	Augu	st 03, 1903		4 YRS		NOOWS MIN
	P P P P P P P P P P P P P P P P P P P		OUNTRY)	R FOREIGN	76. CITIZEN OF	WHAT COUNTRY	8 MAPPIE	D NEVER MARRIED	9 BALTIMORE CITY	R COUNTY	Y OF DEATH	
	nero nero		rth Carol	Lina	United		WIDOWI	DIVORCED	Montgomer	y Cor	unty,	MD.
	5 4 P	TO CI	TY OR TOWN OF D	EATH	LIE NOT IN SUC	HEACHITY GIVE STREE	ADDRESSI	OR OTHER INSTITUTION	12a USUAL OCCUPAT			F BUSINESS OR
10	Par Par		Bethesda		4711 D	eRussy P	arkwa	7	Homemaker		Own I	lome
BALTIMORE, MARYLAND 2120	d in be	USU/	L RESIDENCE (IF NO	ISING HOME O	ROTHER INSTITUTION.	13c. CITY OR TO	RE ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	/ ZIP COD	E	
QN 3		Ma	ryland	Mont	gomery	Chevy Ch		YES NO X	4711 DeRus)815
RYL.	1 2 To 1	14. FA	THER'S NAME	- 3.4	MIDDLE	LAST		15 MOTHER'S MAIDEN NA	MIDDLE		tAS	1
WA.			John	На	rvey	Linebach		Emma			rington	
SE,	dical dical		AS DECEASED EVE		RMED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORMANT (S	on) ADDR	ESS		
IWO	o ba e		No		-	220 60	4840	Wilbert L. A	nderson S	ame as	s #13.	
3ALT	4 i 4		II. CAUSE OF DEA	ATH (Enter a	nly ane cause per	line for tal, (b), a	nd (c).)					MATE INTERVAL
ST., I	e a e e e e e e e e e e e e e e e e e e		PART I. DEATH		TE CAUSE (a)	Cerebra	l Vas	cular Arterio	sclerosis		l ye	ear
Z O	afic arr				DUE TO, O	R AS A CONSEQU	ENCEOF					
PRESTON	atter atter		Canditians, if ar		(b)_	Arterio	scler	otic Heart Di	sease		5 ye	ears
	the of remoti		cause (a), sta	ting the	DUE TO, O	R AS A CONSEQU	ENCE OF					
*	d by d by ease al. c		underlying cau		(c)							
05, 20	signer plan plan plan plan plan plan plan plan	Z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 10 DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110									
DIVISION OF VITAL RECORDS.	a rain y	CERTIFICATION	19a DATE OF OPER	ATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED			N WAS PERFORMED	200 AUTOPSY?	20b IF YE	S, WERE FINDIN	IGS USED
OK .	the low	FF							YES NOK		FYING CAUSES	OF DEATH?
/ITA		CERT	210 ACCIDENT WAS L	INDERLYING [216. TIME C			21c HOW INJURY OCCUP		JRY IN ITEM 18	PART I OR PART 2)	
P.	Ad the		OR CONTRIBUTING		MIIII	M. MONTH [M.	AY YEAR					
NO	A Mei	MEDICAL	21d INJURY OCCU		21e. PLACE	OF INJURY		211 LOCATION	CITY OR 10	DWN	COUNTY	STATE
VISI	er the	¥	WHILE NOT	WHILE D	(AT HOME STI	REET, FACTORY, OFFICE	FARM, ETC.)	21MEE1	CHIONIC	,,,,,		3,410
ō	S man				TRIX attended th	e deceased from	Jun	e . 19_73	to_Sept.	28		that (I) (Xe) last
	priority priority for up		220 I certify that saw the dece abave, (1) (Way	gsed alive o	Sept. 2	after death	87_, 0	nd that in (my) (65%) apiniar	death accurred on the o	late and ha	ur and fram the	couses stated
	or A birect ched ched ched f them		226 SIGNATURE		00			DEGREE			22 Sept	signed
			140	(NO	. Con	Apre	02	M ATTENDING PHYSICIAN	MEDICAL STA	CIAN []	28, 1	1987
	NER DE C	1	22 PHYSICIAN'S	NAME (TYPE	OR PRINT)			22e ADDRESS		8.01		
	retained by TO FUNERAL should be dewith the State with the State MAPORTANT:		Peter P.	Andr	ews, M.D			4977 Batter	y Lane Beth	esda,	Marylar	nd 20814
	5 £ 5 ₹ 3 ₹	23a 8	SURIAL, CREMATIO	N, REMOVA	L 236 DATE	236.	NAME OF	EMETERY OR CREMATORY	23d LOCATION		COUNTY	61416
	BP		Burial		Oct.1	1987 Ft	. Lin	coln Cemetery	Brentwoo	d	Mary	land
	DHMH - 16 60M 7/84	24 FI	INERAL DIRECTOR	Robe	RISA. PH	mphrey F	unera	I Home/	CTO 2" DOY	HITTH DECIS	TRAR'S SIGNAT	LIDE
0.0	(VRA 15, 4)	75	57 Wiscor	sin A	ve. Beth	esda. Ma	rylan	d	1301	o and		

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL THE GIENE

		FOR STATE			ICATE OF DEATH	sul sul) 0 0		
1		GISTRAR				REG. NO.		1000	
1		PASED NAME 1951	MIDDLE	4	AST	20. DATE OF DEATH MONTH	DAY YEAR 26 F	HOUR	
1	11116	many	C	An	detson	9 ;	30 87 6	:45PM	
1	1. 5E)		I. RACE	5. DATE O	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UI	NDER 24 HRS	
	1	7emale	Cauc	MONT		85 YES	MONTHS DATS HOL	JRS MIN.	
	7± 88	ETHPLACE (MAIN CHARGE ON	b. CITIZEN OF WHA	T COUNTRY?	D NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH		
4	PE	NNSYLVANIA	USA	WIDOWI	_	Montgo	mery	MD.	
1	1	chema Park	Weshin		1.1 1/1	126 USUAL OCCUPATION (TYPE OF WORKING L HOMEMAKER	12b. KIND OF BUS INDUSTRY	SINESS OR	
1	13e. 5	mol 1	OTHER INSTITUTION, GIVE P	CITY OP TOWN	13d. NSDE CITY LIMITS?	13e.STREET APPRESS / ZAR.COO	11995 Fre	/ _{#305}	
1	19 FA	THER'S NAME	IDDLE	LAST	15. MOTHER'S MAIDEN NAM	ANDOLE	20783	/	
Ų	1	RICHARD	0'	DONNELL	KÄTHARII	NE	BAMBERY		
	16a \\ (Y	(AS DECEASED EVER IN U.S. ARA (ES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	306-38-91	17. INFORMANT SON		O6 PHILBEN PHI, MD 2	DR. 0783	
1		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	one couse per line l BY: CAUSE (o)	Cardiac	Failure		APPROXIMATE :	AND DEATH	
1		IMMEDIATI	- 1977	A CONSEQUENCE OF		1 1			
		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS	A CONSEQUENCE OF	r Cension	ntaretten			
	N	PART 2 OTHER SIGNIFICANT &	SUDITIONS CONTR	BUTING TO DEATH BUT		INAL DISEASE OR CONDITION GI	VEN IN PART 110		
ц	H	S		- 4 money all	TIC	I	C SAME EN SERVICE		
	CERTIFICATION	19u DATE OF OPERATION	19E CONDITION	FOR WHICH OPERATIO	IN WAS PERFORMED	20e AUTOPSYY 20a IF YES, WERE FINDINGS USED THE CERTIFYING CAUSES OF DEATHY YES TO NO TO			
1	1777236	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M.	IURY MONTH DAY YEAR	21c. HOW INJURY OCCURR	PED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART ?)		
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF IN	NJURY ACTORY, OFFICE, FARM, ETC.)	211. LOCATION	CITY OR TOWN	COUNTY	STATE	
1	2	AT WORK NOT WHILE AT WORK	THE THE PARTY OF T	21	1100	0/00	-0.000		
		226.1 certify that (I) (this hospite sow the deceased alive on_	ol) offended the dec	0 1	nd that in (my) (our) opinion o	deoth occurred on the dote and ho		(I) (we) lost	
1		obove, (I) (we) (did) (did not	view the lody after	deoth.	DEGREE		22c. DATE SIGN		
	1	Misall Ch	Foan	full	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN		-87	
		MIGGEL	An Ros	PRIGUES	270 ADDRESS 83/ Unit	persily 13/0	d. 5.5/01	isefte	
		URIAL, CREMATION, REMOVAL	23b. DATE		EMETERY OR CREMATORY	23d LOCATION	. COUNTY 20 !	283	
		BURIAL	SEPT23,19	987 ST. ANI	REWS CEMETERY	BLOSSBURG TIOC	70	VANIA	
1		INERAL DIRECTOR FRANCI		INS, JR.	SEPT	FREED BY BET STRAP UN REGIS	MARIO-ON WANTE	1	
	50	O UNIVERSITY BL'	VD. W SILV	VER SPRING,	MD 20901	- 5 1551		,	

DHMH - 16 60M 7/84 (VRA 15, 4)

DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

- STATE REG. NO CLASED NAME MIDDLE 20 DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) 0652 nderson AGE (IN YEARS LAST BIRTHDAY) IF LINDER 1 YEAR 5. DATE OF BIRTH MONTH FEMALE NEGRO APRIL 17,1919 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OF FOREIGN L CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED PENNSYLVANIA U.S.A. MONTGOMERY WIDOWED DIVORCED 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR LTYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY CLERK (CSC FED. GOV 13a. STATE 13c CITY OR TOWN 13e STREET ADDRESS / ZIP CODE MARYLAND GERMANTOWN 12636 GREY EAGLE 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE SAMUEL WEEKS EMMA GREEN 12836 GREY EAGLE CT. 166 SOCIAL SECURITY NO 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? NO OR UNKNOWN) 579-10-4016 SAMUEL ANDERSON GERMANTOWN, MD. APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Canditions, if any, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO FEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOX 216. TIME OF INJURY 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 21g. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION COUNTY (AT HOME STREET, FACTORY OFFICE, FARM, ETC.) WHILE NOT WHILE AT WORK 220.1 certify that (I) (II have to) attended the deceased from sow the deceased alive on, and that in (my) (come apinion death occurred on the date and have and from the causes stated DEGREE SIGNED PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 230 NAME OF CEMETERY OR CREMATORY WASHINGTON, D. C. CREMATION 9/7/87 LEE REGISTRAR 16 REGISTRAD'S SIGNATURE 24 FUNERAL DIRECTOR MORROW & WOODFORD, INC. 1622 TH. ST., NW WASH. "DC 20001

(VRA 15, 4)

STATE OF MARYLAND 1 - STATE DEPARTMENT OF HEALTH AND MENTAL HTGIENE CEPTIEIC ATE OF DEATH

SEP I	0.0	REGISTRAR	CERTIF	ICATE OF DEATH	REG NO	7	
SEP !	DO	EASED NAME FIRST	MIDDLE	AST	20 DATE OF DEATH MO	ONTH DAY YEAR	2b HOUR
	1.12	Godfrei	4 I Anik	watar	9	13 87	0116 4
	3. SE		PACE , S. DATE C	OF BIRTH O S	6 AGE TIN YEARS LAST BIRTHD		IF UNDER 24 HRS
		Male	nigerioen "	3/950	28	YRS DAYS	HOURS MIN
1		RTHPLACE (STATE OR FOREIGN 7)	CITIZEN OF WHAT COUNTRY?	D NEVER MARRIED	BALTIMORE CITY OR		1
1		IGERIA, AFRICA!	NIGERIA WIDOWE		Hug	eriam	STU MD.
71	10.51	TY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING HOME O	OR OTHER INSTITUTION	126 USUAL OCCUPATION		OF BUSINESS OR
	1	ROMA,	WASH A DY	82737	STUDEN	T SCH	1001
72	13a. S	L RESIDENCE (IF NURSING HOME OR O	THER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION; Y GE HXATE HXATE	YES NO	STREET ADDRESS / Z	IP CODE SO	12018
Mine	JA FA	THER'S NAME	DOLL LAST	15 MOTHER'S MAIDEN NAM	MIDDLE .	145	
(m) 7	J	OSEBHAT	HNIKNAIL	PHNNI	H, 79	714-150	VES
1		AS DECEASED EVER IN U.S. ARM ES. POPR (IF YES, GIVE)	ED FORCES? 166 SOCIAL SEEURITY NO.	17 INFORMANT	ADDRESS	w	h
		100		lungen	u this	(uA)	J-
4		18 CAUSE OF DEATH (Enter only PART 1. DEATH WAS CAUSED	ane cause per line far (a), (b), and (c)	644		BETWEEN	ONSET AND DEATH
		IMMEDIATE		CARCINOMA	of Lune	10	mount
			DUE TO, OR AS A CONSEQUENCE OF			1000	
		Conditions, if any, which	(b)				
		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUENCE OF				1 400
		underlying couse last	(c)				P -
1,	7	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CONDIT	ION GIVEN IN PART 1	a 1
1	CATION						3
10 5	ICA	190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	Ob. IF YES, WERE FINDING CAUSES	OF DEATH?
	CERTIFI				YES NO	YES	NO 🗆
A		216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	21¢ HOW INJURY OCCURRI	ED (ENTER NATURE OF INJURY IF	TITEM 18 PART I OR PART 2)	4777
1	CAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 19	- 120			1
5	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	-	AT WORK NOT WHILE AT WORK		E. S. Mar 17			900000
			I) ottended the deceosed from	-Be 19 800	10 Sept	3	tho (we) lost
17		sow the deceased alive on obove, (I) (we) (did) (gid nat)	view the bady after death.	nd that in (my (aur) apinian d	eath occurred on the date	and hour and from the	couses stated
		226. SIGNATORE		DEGREE	3601	22c DATE	SIGNED
		Heren	N. A He mi	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAL	ND 9/1	3/87
1		224 PHYSICIAN'S NAME (TYPE OR	PRINT)	22e ADDRESS	41		
		RMPH V. B	OCUA, MD	14801 PSYSK	ands to \$127	1 Rocce,1	(e.
1	230 B	URIAL CREMATION, REMOVAL		EMEJERY OR CREMATORY	736/TOCATION	O *	2 100
	1	Pausil	9-28-8-77am	16 100	hands	heren	ed state
7/B4	24 FC	NEWAL DIRECTOR			REC'D. BY REGISTRAR 251	PECISINALE SIGNAL	mais
1 // 04	11	LACEST	344-90RESS 11,6	SSF NAJ SFF	215 1097 步	har been been a	

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(VRA 15, 4)

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HTGIENE **CERTIFICATE OF DEATH**

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FOR STATE REGISTRAR			EALTH AND MENTAL HYGI ICATE OF DEATH	REG, NO			
1. DECEASED NAME (TYPE OR PRINT) ELIS 3. SEX	abeth C.	Ar.	natt	20 DATE OF DEATH		87 1	HOUR 1440
female	WHITE	NOV.		84	YRS.	DAYS	OURS MIN
70 BIRTHPLACE (STATE OR FO COUNTRY) ENGLAND		MARRIE:	D NEVER MARRIED	Montena	COUNTY OF DE	ATH INTE	
Rockville	Shadu G	PITAL, NURSING HOME C CHITY, GIVE STREET ADDRESS)		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF HOMEMAKER	WORKING LIFE) INC	DUSTRY	HOME
Md.		RESIDENCE BEFORE ADMISSION) CITY OR TOWN OOLESVILLE	YES 🔣 NO 🗌			CIR.	2083
FATHER'S NAME FIRST JAMES	MIDDLE FLO		13 MOTHER'S MAIDEN NAMED FIRST MARY	MIDDLE ADDRES	UNKNO	WN	
(1 WAS DECEASED EVER II	(IF YES, GIVE WAR OR DATES)	78-40-5470	MR. THOMAS W			TTEM :	#13)
PART 2 OTHER SIGN 190 DATE OF OPERAT 210. ACCIDENT WAS UNDE	lost. (c)	RIBUTING TO DEATH BUT		NAL DISEASE OR COND	20b IF YES, WER	E FINDING	
DIA				YES NO	IN CERTIFYING		P DEATH?
OR CONTRIBUTING C	AUSE OF DEATH HOUR A.M. ALEXAMINER) P.M.	MONTH DAY YEAR	21c HOW INJURY OCCURR	ED (ENTER MATURE OF INJUR	Y IN ITEM IB PART I OF	PART 2)	
	D 21e PLACE OF I		211 LOCATION				
LIFETHER NOTIFY MEDIC. 21d INJURY OCCURRI WHILE NOT WHILE AT WORK	E AT HOME STREET,	FACTORY OFFICE FARM ETC)	STREET	CITY OR TOV	VN CC	YTMU	STATE
270 certify that (I) (saw the decease obove, (I) (we) (d)	this hospital) attended the de	eceosed from 81	STREET 30, 19, 37 and that in (my) (esse) opinion of		3 19_2 te and hour and f	2, the	ot (I) (wa).l
270 I certify that (I) (saw the decease above (I) beat to	this hospital) attended the ded olive an Alfred (did not) view the body after	eceosed from 81	nd that in (my) (****) opinion of DEGREE MD ATTENDING PHYSICIAN (**)		te and hour and f	87, the	ot (I) (wall
270 I certify that (I) (saw the decease obove, (I) (we) (d)	this hospital) attended the ded olive an Alfred (did not) view the body after	eccosed from 87 or	DEGREE ATTENDING PHYSICIAN D 77e ADDRESS STREE 19 37 19 37 ATTENDING PHYSICIAN D 77 ADDRESS STAA	medical STAF	te and hour and f	2, the	ot (I) (wall
270 I certify that (I) (saw the decease above (I) beat to	This boronial ottended the de dolive on All of the body after the control of the body after the control of the	eccosed from 87 or 19	DEGREE ATTENDING PHYSICIAN PHYSICIAN PHYSICIAN THE ADDRESS STATE	to	te and hour and f	POCKU	ot (I) (wa).louses stated

design and the state of the sta

NONE 13.588 EASTS REPAID AVE MARGARET BEBERIAN, DAUGHTER, SAME AS ITEM #13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 3 mos PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES | NO | 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY , and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 22¢ DATE SIGNED 11161 NEW HAMPSHIRE AVE., SILVER SPRING, MD. 23a BURIAL CREMATION REMOVAL 231 NAME OF CEMETERY OR CREMATORY SPEBURIAL 9/17/87 ROCKLEDGE, PENNSYLVANIA LAWN VIEW CEMETERY PETER S. MURIANKA 5316 RISING SUN AVE., PHILADELPHIA , PA 19120

STATE OF MARYLAND

26 HOUR

17h KIND OF BUSINESS OR

IF UNDER I YEAR

- 16 60M 7/84 (VRA 15, 4)

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trens in the state over aw feet	egyunen ratte				
POPRIETAL PENKSYEVANIA		BOAT TOTAL			
P 18 1987 July Discontinues	38 ostal At.	MATERINES	TURNIT I		

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL WYGIENE

CERTIFICATE OF DEATH

FOR

SEP 14

lled in by the funeral director, page 3 old be filed within 72 hours after death 2 5

0 4

17	REGISTRAR				CERTIF	FICATE OF DEATH	REG. N	10.50		
	ECEASED NAME	FIRST		MIDDIE		I AST	20. DATE OF DEATH	MONTH	DAY YEAR	2h HOUR
	E	sther	K	ramer	Au	stern	Sept.	1,198	7	9:20A
3. SE	Female		4. RACE Whi	te	Jan.	H DAY YEAR	6 AGE (IN YEARS LAST BI	RTHDAY YRS	MONTHS DATS	IF UNDER 24 HRS HOURS MIN.
	New Jersey	7	76 CITIZEN OF	what country?	MARRIE WIDOWI	D NEVER MARRIED	9 BALTIMORE CITY O	OR COUNT	Y OF DEATH	M
	Be the sda		Carri	age Hill	- Be	thesda	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST) Homemake	OF WORKING L	IFE) INDUSTRY	of business or Home
13a	JAL RESIDENCE (# NUR	13b COUNT	other institution	GIVE RESIDENCE BEFORE	ADMISSION) N ASE	13d. INSIDE CITY LIMITS? YES NO	13. STREET ADDRESS 4725 DOTS	zip coc et Av	renue/20	815
14 F.	Abraham		MIDDLE	Kramer		15 MOTHER'S MAIDEN NA/	MIDDLE		Cutle	r
16a 1	WAS DECEASED EVER	(IF YES, GIV	E WAR OR DATES)	579-60-9	506	Helen A. Co	lson, Same		ss as #	13.
3	18 CAUSE OF DEAT PART I. DEATH V	THO CHOOL	lly ane cause per D BY: E CAUSE (a)	line for (a), (b), an	nev	Marca	APPROXI SETWEEN	APPROXIMATE INTERVAL SETWEEN SISET AND DEATH		
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF							10	Eac.	
NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE (INAL DISEASE OR CON	IDITION GI	VEN IN PART 110	
CERTIFICATION	19a DATE OF OPERA	TION	ON 196 CONDITION FOR WHICH OPE			N WAS PERFORMED	206 AUTOPSY? YES NOTE	IN CERTIFYING CAUSES OF DE		
MEDICAL CE	210. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MED	CAUSE OF DEA	HOUR A.		Y YEAR	21¢ HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	JRY IN ITEM 18	PART I OR PART 2)	
MED	21d INJURY OCCUR	HILE D		REET, FACTORY OFFICE, F	ARM ETC)	21f LOCATION STREET	CITY OR TO	NWO	COUNTY	STATE
	22a. I certify that (I) sow the deceas above (I) (we) (ed olive on	X	19 0	7_, 01	nd that in (my) (our) apinion of	deoth occurred an the d	ote and ha		that (I) (we) last causes stated
	fee	Lichard & Jenou (1)					MEDICAL STA	FF CIAN []	22c DATE	SIGNED 7
	22d. PHYSICIAN'S N	and Pe	r PRINT)	9		22e ADDRESS 1149-19th S	st., NW, Wa	shing	ton, D.C	
	BURIAL, CREMATION,	REMOVAL	23b. DATE	23c N	IAME OF C	EMETERY OR CREMATORY	23d LOCATION			
	Burial		9/3/8	7 das	h.Heb	Cong Mem Par		ton	COUNTY	STATE
24 FI	UNERAL DIRECTOR	Josep	g Gawle	r's Sons.	Inc.	258 DATI	E REC'D. BY REGISTRA		TAL SPICE	UR
5	130 Wiscon	sin A	ve, NW, Wa	ashington	,D.C.	20016 SE	P101987.	white of	Trans. C.	

DHMH - 16 60M 7/84 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physic should be detached for use as the burnal-transit permit. Then please remove carban pape with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. WIPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, it

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	3,50.70; \$50					Apparative and
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DEPARTMENT	0

FOR
- STATE
REGISTRAR

STATE OF MARYLAND F HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

6

689	6 SEP 28		- STATE REGISTRAR	DEPARTN	CERTIFICATE OF DEATH	REG. NO	
	poge 3	1.	DECEASED NAME FIRST Or. WI	LLIAM HARRI	S BACHRACH	20 DATE OF DEATH MONTH	20 1987 5:00A
	ge 4 mo) ector po rs ofter d	3	sex Male	4 RACE White	December 30, 191	1 6 AGE (IN YEARS LAST BIRTHDAY) 75 YRS	IF UNDER 1 YEAR IF UNDER 24 HRS
	nerol dir nn 72 hou	3 70	BIRTHPLACE (STATE OR FOREIGN CANADA	U. S. A.	MARRIED XX NEVER MARRIED	Montgomery	Y OF DEATH
10	by the full with filled with home home home home home home home hom		CITY OR TOWN OF DEATH ROCKVILLE	12000 OLA GEOLE		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Physician	126 KIND OF BUSINESS OR INDUSTRY Medical
ND 212	filled in gold be f	5	SUAL RESIDENCE (IF MURSING HOME O Maryland 130 COU Maryland Mont	ROTHER INSTITUTION GIVE RESIDENCE BEFORE NTY BOCKVILLE		? 130 STREET ADDRESS / ZIP CO	DE 20852 praetown Road
MARYLAND 2120	mplerely on 2 sh	114	FATHER'S NAME ISAAC J	oseph Bachrae		MIDDLE	Öster
BALTIMORE,	Poges 1	/ 16	WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SECU 548-48-22	RITY NO 17 INFORMANT 209 Jonathan B	Bachrach New York,	ok Terrace, New York 10033
	pysicion pysicion pression pre		PART I. DEATH WAS CAUSI	nly ane cause per line for (a), (b), and ED BY TE CAUSE (a) CARD (14)	d (c).	(100, 100, 100, 100, 100, 100, 100, 100,	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
I W. PRESTON ST	hot immediate corbo by in generaling the remote corbo remoted to or re other froumdite		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE	NCE OF ARTERY DI		6 YRS AGO
RECORDS, 20	requires to signed Then por to burn			CONDITIONS CONTRIBUTING TO E	DEATH BUT NOT RELATED TO THE T	erminal disease or condition o	
AL RECO	The low son.	2	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING		OPERATION WAS PERFORMED	YES NO NO IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \(\text{ NO } \text{ NO } \text{ }
DIVISION OF VITAL	SICIAN: TI ng physica certificate priol-transi entol Hygi them 18 sh	-300	OR CONTRIBUTION OF CAUSE OF DE	P.M.	AY YEAR 19	CURRED (ENTER NATURE OF INJURY IN ITEM T.	3 PART I OR PART ?)
VISION	offendir other this os the but h and M		(IF EITHER NOTIFY MEDICAL EXAMINE 21d IN JURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE F		CITY OR TOWN	COUNTY STATE
	pital or TTENDIR TOR A for use of Healt		220.1 certify that (1) (this hosp saw the deceased alive or above. (1) (we) (did) (did n	n SELT 9 19 3	7, and that in (my) (our) opin	on death occurred on the date and h	our and from the causes stated
	AL OR A the hos AL DIREC detoched ote Dept		22b. SIGNATURE	n A. Stern	DEGREE ATTENDING PHYSICIAN	G MEDICAL STAFF DIRECTOR PHYSICIAN	9-20-87
	retoined by the TO FUNERAL should be det with the Store		WILLIAM R.	STERN			OCKVILLE, MO. 20850
	BP	2	BURIAL CREMATION, REMOVA (SPECIFY) Burial	23b DATE 9/21/1987	NAME OF CEMETERY OR CREMATOR King Solomon		New Jersey
	DHMH - 16 60M 7/84 (VRA 15, 4)	?	OUNALD MEIOSTEIN 232 CARROLL STRE	HÉBREW MEMORIAL T ET, N. W., WASHIN	UNERAL HOME SE	P 2 9 1987	

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Many No. 20 April 2004 and Street With No. 2004

13e STREET ADDRESS / ZIP CODE 11130 Newport Mill Road 20895 Tennison Same as 13 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY and that in (my) (our) opinion deoth occurred on the date and hour and from the couses stated 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 230 BURIAL CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION Sept.5,1987 | Cedar Hill Cemetery Burial Suitland Pr. George's Md. 24 FUNERAL DIRECTOR Francis J. Collins, Jr. 500 University Blvd., W. Silver Spring, Md. 20901

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HY

26 HOUR

17h KIND OF BUSINESS OR

IF LINDER 21 HRS

IF UNDER 1 YEAR

INDUSTRY

10:55p.m

DHMH - 16 60M 7/B4 (VRA 15, 4)



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FOR

STATE
REGISTRAR

CERTIFICATION

MEDICAL

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MPORTANT

I STATE OR FOREIGN

		STATE	OF MAR	YLAND	(3)	
DEPAR	RTMENT	OF HE	ALTH AN	ID MENTAL	HYGHNE	6
	CE	DTIEL	CATEO	EDEATH		

FICATE OF DEATH

	CERTIFICATE OF DEATH	REG. NO		-14
	BARKLEY	20. DATE OF DEATH MONTH	DAY YEAR 26 87	Sieo PM
	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
W	January 21, 1888	99 YRS	MONTHS DAYS	HOURS MIN
SYNTHUC	8	9 BALTIMORE CITY OR COUNT	Y OF DEATH	
es	MARRIED NEVER MARRIED WIDOWED DIVORCED	MONTGOM	ERY (CountyMD

FINDINGS USED AUSES OF DEATH? NO

Kansas 10 CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR INDUSTRY MINING 13b. COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Montgomery Bethesda 8101 Maple Ridge Rd. /20814 Maryland NO X 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Robert Barkley Allen James Mary 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 3991 Farm Lane 166 SOCIAL SECURITY NO. 17 INFORMANT (IF YES, GIVE WAR OR DATES) John F. Barkley Monrovia, Maryland 21770 213 40 7112

18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA'	ily one couse per line for (a), (b), and (c).) IDBY: TE CAUSE (a) ARDIOPULMONAPS ARREST	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH /MUTO/ATC
Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF (b) CONGESTIVE HEART FAILURE DUE TO, OR AS A CONSEQUENCE OF	14R.

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0

I VERMONING	THE CAPITED LINKS	CO201115	
DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED		20b. IF YES, WERE IN CERTIFYING C YES [

21a ACCIDENT WAS UNDERLYING | 21b. TIME OF INJURY OCCURRED (ENTER NATURE OF INJURY IN HEM 18 PART FOR PART 2)

OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTHEY MEDICAL EXAMINER) P.M. 19

21d. INJURY OCCURRED 21b. PLACE OF INJURY 211 LOCATION

| 21d. INJURY OCCURRED | 21e. PLACE OF INJURY | (A1 HOME. STREET, FACTORY, OFFICE, FARM, E1C.) | 21l. LOCATION | STREET | CITY OR TOWN | COUNTY | STATE | COUNTY | CO

above (1) (did) (did set) view the bady after death.	7, Sita that itt (tily) ——- opinion	it death accurred on the date and h	aur and from the causes state
22b. SIGNATURE	DEGREE	AMEDICAL STAFE	224 DATE SIGNED

GEORGE BULLIA W.) 1220 ADDRESS MEDICAL CONTER DRIVE

230. BURIAL, CREMATION, REMOVAL 236. DATE Sept. 236 NAME OF CEMETERY OF CREMATORY 286 LOCATION CITY OR TOWN COUNTY

Burial 30, 1987 Cedar Hill Cemetery Suitland/Prince Geo./Maryland

Bethesda-Chevy Chase, Inc. Appress Funeral Home/ 7557 Wisconsin Avenue, Bethesda, Maryland

Ferdinand

DHMH - 16 60M 7/84 (VRA 15, 4)

DHMH - 16 60M 7/84

(VRA 15, 4)

FOR STATE REGISTRAR

STATE OF MARYLAND STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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Ì		PRINT)	FIRST	, N	NIDOLE	Bai	rett	Sonke !	MONTH DAY YE	67	12 HOUR	46 DM
Ì	3. SEX	11001	4.1	RACE		5 DATE O		6 AGE (IN YEARS LAST BIR		-	IF UNDER 2	a HRS
Į	. /	male		Cauc	aslan	Aug.	21. 1915	72	ÝRS		HOURS	M IN.
P		THPLACE (STATE OR F			WHAT COUNTRY?	MARRIE	NEVER MARRIED	9 BALTIMORE CITY O	COUNTY OF DEAT	Н		
Į	1	tterson, N		u.s.A.		WIDOWE	The state of the s	Mon	gomen	1		MD.
	5	IVEL Spr	ng	HE NOT IN SUCH	HEACHURY, GIVE STREET	ADDRESS)	pital	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O Printer (R	F WORKING LIFE) INDUS		busines ting	IS OR
	13a. S	L RESIDENCE (IF NURS) TATE TYLAND	136 COUNTY		GIVE RESIDENCE BEFORE 134, CITY OR TOW HUALTS VI	No 1	134 INSIDE CITY LIMITS?	13. STREET ADDRESS . 8120 15th		104	(207	1831
1	- 1	THER'S NAME					15 MOTHER'S MAIDEN NA	ME	riveriue, "	0 1	1201	031
		Max	MID	DIE	Bloom		Pearl	MIDDLE	Russ	ak		
1		AS DECEASED EVER	IN U.S. ARME	D FORCES?	166 SOCIAL SECU	IRITY NO.	17 INFORMANT		Elle, Md.			
1	-	Yes	ww1		064-10-3	3888	Rosalind Bar	rett; Wife; 8	120 15th A	we.	,#10	14;
Î		18 CAUSE OF DEATH	H (Enter anly a	one couse per	line far (a), (b), an	dicil	1. +- 0	./-	BETV	PROXIM	ATE INTERV	EATH
ł			IMMEDIATE (spert	re	New Tas	lure	1	-w	ecc.	2
l		DUE TO, OR AS A CONSEQUENCE OF										
ı		Conditions, if ony, which gove rise to immediate cause (a), stating the DIFTO OR'SS A CONSEQUENCE OF						disense	1			
		cause (a), stating the underlying cause last DUE TO, OR*AS A CONSEQUENCE OF										
ı		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110										
	10	190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED							Total is were a went a	In a Point of	0	
	CERTIFICATION	190 DATE OF OPERATION 196 COND		196 CONDI			200 AUTOPSY?	206 IF YES, WERE FIN CERTIFYING CA	USES C	OF DEATH	12	
		210. ACCIDENT WAS UNE	CAUSE OF DEATH	21b. TIME O HOUR A./	M. MONTH D	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I DE PAR	RT 2)		
ı	MEDICAL	214 INJURY OCCUR		21e PLACE			211 LOCATION	CITY OR TO	OWN COUNT	TY	51.	ATE
İ	Σ	AT WORK AT WO	RK .	TAT NOME SIN	EET FACTORT, OFFICE, F	ARM, ETC.)	0 6					
		220 Certify that (1)		attended the	deceased from_	27	agri- 19.00	, to	. 19		nat (I) (w	
		saw the decease abave, (1) (well (c	did#(chd not) v	view the body	elter death	,	that in (my) (death accurred on the d			IGNED	red
		DEGREE ATTENDING MEDICAL STA PHYSICIAN DIRECTOR PHYSI						FF _ Q.	28	2. F	7	
		224 PHYSICIAN'S	KME (TYPE OR PE	RINT)	.0		770 ADDRESS	3 4 CANVOI	on store	V		
		PASON	beipe	10	ny.		SUVER.	SPRING.	MD LOG	60		
		URIAL, CREMATION, SPECIFY) BUTIAL		236 DATE 10/1/8			id Memorial G	236 LOCATION	hurch · Fair	Las	· Vast	ATE
		INERAL DIRECTOR D		/ . / .		MODIAI	CHAPFIS 250 DAI		25h REGISTRAR'S SIC			_
		170 Rockvi				Md. 2	0852 OCT	0.5 1007	1. Karata	Rand	lett.	
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HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death loge 4 may be founded by the hospital or ottending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely littled the time the interesting principle of the death of the order of the buriol-transit permit. Then please remove carbonpapers. Pages 1 band 2 shadld be find a think? I hours after death the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.
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(VRA 15, 4)

Item 13b, Film G631 per F.H.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 085731 SEP 18 CERTIFICATE OF DEATH REG. NO DECEASED NAME MIDDLE 20 DATE OF DEATH 2h HOUR (TYPE OR PRINT) 35 M. SEX-DATE OF BIRLH 6 AGE (IN YEARS LAST BIRTHDAY) FUNDER 24 HRS MONTH Male White March 22,1922 65 To BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED A NEVER MARRIED Wash.D.C. DIVORCED [Montgomery WIDOWED T 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 17b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) CTYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY Takoma Park Pepco-Engineer-Retired Washington Adventist USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 1136 COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Md. Takoma Park 810 Hayward Avenue YES X NO [A FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Michele Battaglini Maria Barsanti ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT 28 8416 Florence Battaglini (Wife) Same as 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stating the A CONSEQUENCE OF underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100 +1620515 706 IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOM 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY TIE HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN STATE (AT HOME STREET LACTORY OFFICE FARM ETC.) AT WORK 220 I certify that (1) (this haspital) attended the deceased from. sow the deceased live on above (1) we) (did) (did not) view the body after death. and that in (my) (our) opinion death accurred on the date and hour and from the couses stated 22b. SIGNATURE DEGREE 224 DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS · CANDSTROM 23a BURIAL CREMATION, REMOVAL 230 NAME OF CEMETERY OR CREMATORY 23d LOCATION Buria1 Md STATE S.S. 9/14/87 Gate of Heaven Mont. 24 FUNERAL DIRECTOR
Hines/Rinaldi 11800 New AMamp. Ave. S.S. Md. DATE REC'D. BY REGISTRAR' 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 who Deviden Bandall

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1-	FOR STATE REGISTRAR			EALTH AND MENTAL HYG	REG. NO	₩		
	(TYPE	PASED MAME PIRTY OPERT	- h	, Bis	senden	6	7 27	87	26 HOUR M
7	70 BIF	Male RTHPLACE (STATE OF OREIGN ON TOWN OF DEATH	U.S.	OSPITAL, NURSING HOME	25 12 DI NEVER MARRIED DI DIVORCED DI	P BALTIMORECITY O	R COUNTY OF	26 KIND OF	HOURS MIN. MD F BUSINESS OR
	5	LIVER SOLD ALTRESIDENCE (IN MIRSING HO)	9 014	GIVE RESIDENCE BEFORE ADMISSION	topia	SHOEMAKER	WORKNO NEE	NDUSTRY	
2	13a S MAF	RYLAND MO	NTGOMERY	13c CITY OR TOWN WHEATON	13d INSIDE CITY LIMITS? YES NO NO NAME NOTHER'S MAIDEN NAME NAME NAME NAME NAME NAME NAME NA		ZIP CODE IDGE_AVE	ENUE	20902
1		JAMES	MIDDLE W.	BISSENDEN	DORA	WIDDLE		DRAY	7
1			S. ARMED FORCES? S. GIVE WAR OR DATES)	283-28-2446	GLENDA BUNDI		MMES, AI	LABAMA	36575
	N	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR b c DUE TO, OR b c DUE TO, OR c DUE TO, OR c c DUE TO, OR	AS A CONSEQUENCE OF AS A CONSEQUENCE OF MITRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM		DITION GIVEN I	4 4	MATE INTERVAL NIST AND DEATH S
2	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	206 IF YES, WE IN CERTIFYING		
Transition of the second	MEDICAL CER	21a ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE C (IF ETHER NOTIFY MEDICAL EXA 21d IN JURY OCCURRED WHILE AT WORK AI WORK 22a Certify that (I) (#15) Sow the deceased alive	DE DEATH MINER) P.A 21e PLACE ((AT HOME STR)	A. MONTH DAY YEAR A. 19 DF INJURY LET FACTORY, OFFICE, FARM, ETC.) Ledeceosed from	211 LOCATION 51REE1 19 27	city of to	WN 27 19_	COUNTY	STATE
1	(TIL SIGNATURE	A Broce	after death	DEGREE ATTENDING PHYSICIAN 22e ADDRESS 480	MEDICAL STA DIRECTOR PHYSIC PHYSICIAN	FF	221 DAJE 5	
	24 FL		SEPT28	1987 METROPO	nr				VIRGINIA URE

DHMH - 16 60M 7/84 (VRA 15, 4)

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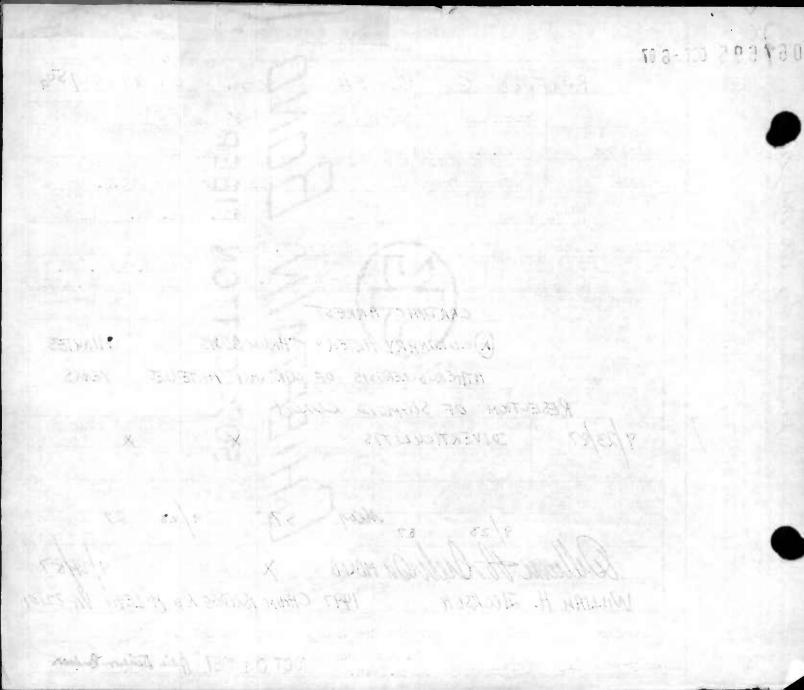
CONTROL OF THE PROPERTY OF THE

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

1.	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HYGI	10 Po	1,1			
1 DE	CEASED NAME FIRST	N	NIDD(E	1	AST	REG. NO		DAY YEAR	126 HOUI	R
-2	R7			-						
-	ELIZABE		NN		DNER	SEPTEMBER 2		1987	4:40	
), SE		4 RACE		5. DATE C		6 AGE IN YEARS LAST BIRT	HDAY	MONTHS DATS	HOURS	MIN.
	FEMALE	WHIT	_	APRI	L 6, 1956		31 YRS			
	IRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF V	WHAT COUNTRY?	8.	XX NEVER MARRIED	9 BALTIMORE CITY O	R COUN	TY OF DEATH		
100	New York	USA		WIDOWE		MONTGOMERY	COT	UNTY.		MD
10 C	ITY OR TOWN OF DEATH		OSPITAL, NURSIN		R OTHER INSTITUTION	120 USUAL OCCUPATE		126 KIND C	F BUSINE	SSOR
Ď.	BETHESDA		E CLINICA	-	NTER	Registered N		HOSD:	ital	
	AL RESIDENCE (IF NURSING HOME O		GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS /	710.00	DE C/6	160	16
1.			Woodside		YES X NO [. / /	//	
	EW YORK Quee	2113	WOOdside		15 MOTHER'S MAIDEN NAM		RUAI	1 / 113/		
	FIRST	MIDDLE	LAST		FIRST	WIDDIE		ŁA5		
	John	W.	Norris		Sallie	ADDRE		Wilson		
	WAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	166 SOCIAL SECUI	RIIY NO.	17 INFORMANT	ADDRE	22			
	No		074-38-24	402	MR. BRUCE BOD	NER (SAME	AS AJ	BOVE)		
	PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) PESPIRATORY ARREST DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate (b) ACQUIRED IMMUNE DEFICIENCY SYNDROME									
No	Cause (a), stating the underlying cause lost. Due to, or as a consequence of (c) PNEUMONITIS PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)									
CERTIFICATION	190 DATE OF OPERATION	196 CONDI	% CONDITION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY?	20b. 1F Y	ES, WERE FINDIN	AGS USEC)
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FRT	710. ACCIDENT WAS UNDERLYING	7 21b. TIME OF	FINITION		21c HOW INJURY OCCURRI	YES X NO	1	YES	NO []
1000	OR CONTRIBUTING CAUSE OF DE		M. MONTH DA	YEAR	THE HOW INJURY OCCURRI	ED LENTER NATURE OF INJUR	A IM IIEW II	B PART I OR PART 2)		
MEDICAL	JIF EITHER NOTIFY MEDICAL EXAMINE			19					9	
MED	21d. INJURY OCCURRED NOT WHILE ALL WORK	21e. PLACE C	OF INJURY EET, FACTORY, OFFICE, FA	ARM ETC)	211. LOCATION STREET	CITY OR FO	WN	COUNTY	51	TATE
	220.1 certify that (X (this hasp sow the deceased alive a	ital) attended the	deceased from_	JUNE	22 87	SEPTEMB	ER Z	519 87	that X (w	ve) last
	sow the deceased alive a	SEPTEMBI	ER 25 19	87 or	nd that in (n) (our) opinion d	eoth accurred on the do	ite and h	aur and from the	couses sta	ated
obave, X (we) (did) (XXXX) view the body ofter death. DEGREE										
ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN									6/8	+
	224 PHYSICIAN'S NAME TYPE	OR PRINT)	0		22e ADDRESS 9000 1	ROCKVILLE P	TKE.	NATIONA	T. TN	STI
	Richard	Poser	pera	mo	OF HEALTH, B			892		D T T 1
23n	BURIAL, CREMATION, REMOVA	_		IAME OF C	EMETERY OR CREMATORY	23d LOCATION		0,72		
	(SPECIFY) Burial	9-30-				CITY OR TOWN		COUNTY	57	TATE
74 E					con Town Cemetery	Southamp		Massac		tts
100	NAME	Cassidy 1	Funeral H	ome	007	- O 4 4007	1 . 1	Turder &		
1	.56 Willis Avenu	ue, Mine	eola, NY	1150	1 1 116	1 1001 1	wha	haman. A		



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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	8	2.2
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0	LOR ATTENDING PETSICIAN, The low requires that the death certificate be executed within 24 hours ofter death. Page 4 the hospital or attending physician.	DIRECTOR After this certificate has been algored by the attending physician and completely filled in by the funeral director
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 7

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068	1 1 2 OCT -	8 18	FOR STATE REGISTRAR		DEPARTM	NENT OF H	EALTH AND MENTAL HYG	1EN 7 26	70	/	
	m 5		CEASED NAME FIRST		WIDDLE	ı	AST	20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR	
	oge 3				JSSELL BOW			SEPTEMBER 29	1987	1:30 M	
18.33	The po	3 SE		4 RACE		5. DATE C		6 AGE IN YEARS LAST BIRTHDAY)	MONTHS DAY		
	oge rs o	-	FEMALE	CAUCAS		AUGU	JST 25 1898	89 YRS			
	deoth. P		IRTHPLACE I STATE OR FOREIGN COUNTRY) CANADA	CAI	WHAT COUNTRY?	WIDOWE		9 BALTIMORE CITY OR COUN MONTGOMERY	100	MD	
101	of the soften	,10. ⊂	BETHESDA		HOSPITAL, NURSIN CH FACILITY, GIVE STREET A NAVAL HO		R OTHER INSTITUTION	120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING HOUSEWIFE		O OF BUSINESS OR	
ND 212	24 hour	13a 3	AL RESIDENCE IN NURSING HOME OF STATE TABLE TABLE TABLE TABLE TABLE	OTHER INSTITUTION	136. CITY OR TOWN	admission) N	13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS / ZIP CO		1/22091/	
MARYLA	npletely and 2 sh) F/	ATHER'S NAME FIRST DAVID RUS	MIDDLE	LAST		15. MOTHER'S MAIDEN NA/ FIRST CRTS			LAST	
MORE	Pages 1		WAS DECEASED EVER IN U.S. AR		166 SOCIAL SECU		17. INFORMANT	ADDRESS BOWLES, 11965 (GREYWING	G COURT.	
VST. BALT	ng physical boupdpen remayal		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA	D BY TE CAUSE (0)	RESPI	RATOR	RESTON, VA			OXIMATE INTERVAL EN ONSET AND DEATH	
RESTON	the second		Conditions, if any, which gove rise to immediate control to the last of the control of the last of the last of the control of the last of the control of the last								
W. P	2000		couse (a), stating the underlying cause lost								
ORDS, 2	en signe or to blay injury,	NOIL									
AL RECO	the form of the form	TIFICA	19a DATE OF OPERATION	196 CONE	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NOX	YES, WERE FIND TIFYING CAUSI YES []	DINGS USED SES OF DEATH? NO []	
OF VIT	CLAN.	AL CERT	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A	DF INJURY I.M. MONTH DA	Y YEAR	ZIC HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM	8 PART OR PART 2)	
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ā	UTENDIN pitol oc. CTOR. Ah for use of officials			sEPTEN	he deceased fram S MBER 29 19 8	EPTEM		, ta SEPTEMBER 2			
	TALOR A TALORES CALORES detoched detoched AT. If bern		276. SIGNATURE	Dowe			DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	30 S	Sept 87	
	D HOSFI No. PUNE Dould be in the St		S. G. FELLOW		MC, USNR			HOSPITAL	5011		
99	9999		BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation				EMETERY OR CREMATORY Ly Crematory	Alexandria	COUNTY	Virginia	
11	DHMH - 16 60M 7/84 (VRA 15, 4)	24 FI	UNERAL DIRECTOR NAME J.W. Everly	1050	65 Main St	t. Fa:	irfax, Va.	e REC'D. BY REGISTRAR 25b. REG	ISTRAR'S SIGN	ATHREE	

	6	3	9	2	8	SEP	17- RTATE REGISTRAR	
,	U	V	J	4	U	ari	REGISTRAR	

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DECEASED NAME

4 FATHER'S NAME FIRST

IYES NO OR UNKNOWN)

190 DATE OF OPERATION

21d INJURY OCCURRED

Burial

22b. SIGNATURE

24 FUNERAL DIRECTOR

MEDICAL

4 RACE

76 CITIZEN OF WHAT COUNTRY?

(TYPE OR PRINT)

3 SEX

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

MARRIED NEVER MARRIED

YES 🗌

DIVORCED

13d INSIDE CITY LIMITS?

WIDOWED

NAME OF HOSPITAL, NURSING HOME OF OTHER INSTITUTION

9	-				
		- 2	ı		

2b HOUR

126 KIND OF BUSINESS OR

IF UNDER 24 HRS

87 FUNDER I YEAR

sen,

REG. NO. 20 DATE OF DEATH MONTH

9 BALTIMORE CITY OR COUNTY OF DEATH

AGE (IN YEARS LAST BIRTHDAY)

160 WAS DECEASED EVER IN U.S. LIF YES, GIVE WAR OR DATEST 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY MULTINARUT IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF HUPENTENSION Conditions, if ony, which gave rise to immediate cause (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART It is myo CANDIAZ 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY THE HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TS PART I OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION 21e PLACE OF INJURY CITY OF TOWN COUNTY STATE AT HOME STREET FACTORY, OFFICE FARM, ETC.) WHILE NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from 87, and that in our) opinion death accurred on the date and haur and from the causes stated When the body after death DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS THERSON 5345 TEN DAYS ROLCEMENTE 234 NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION, REMOVAL 9-11-87 Ash Memorial Cem. Sandy Spring Rockville, MD20850 George R. Snowden

TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours after death. Pag	TO FUNERAL DIRECTOR. After this certificate has been signed in the attention of campletely filled in by the funeral direct should be detached for use as the burial-transit permit. Then plequenting continuations in Table 1 and 2 should be detached for use as the burial-transit permit.	with the State Dept. of Health and Mental Hygiene prior to buriol.	IMPORTANT: If hem 21 is morked or hem. 8 shows any injury, or am train the medicol exprine has be harlifed at blue.
BP.		_	-
DHMH (V	16 6 RA 15	om , 4)	7/8

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL INGIENE CERTIFICATE OF DEATH

267 3

' Ч		· REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	0.		
		CEASED NAME	FIRST	N	IDDIE		AS1	20 DATE OF DEATH		DAY YEAR	26 HOUR
	TITPE	: OR PRINT)	John		E.	E	Bowman	Sept. 12,	1987		8:35 pm
	3. SEX			4 RACE		5. DATE O		6. AGE (IN YEARS LAST BIR	THDAY)	MONTHS DAYS	
		Male		White	9	Oct.	6, 1918 YEAR	68	YRS.	MORINS. DATS	HOURS MIN
	7a. BI	IRTHPLACE (STATE O	R FOREIGN		VHAT COUNTRY?	8 AAADDIE	D A NEVER MARRIED	9 BALTIMORE CITY	R COUNTY	OFDEATH	
\supset		Maryland		U.S.A		WIDOWE	DI DIVORCED	Montgomery	7		MD
9	0	ity or town of bi lney		Montgar	nery Gene	ral F	OR OTHER INSTITUTION HOSpital	Retired Cat		126. KIND (INDUSTRY Self—	Employed
5	13a S	AL RESIDENCE (IF NU STATE Laryland	113b COU		13¢ CITY OR TOWN		13d. INSIDE CITY LIMITS?	14205 We	Spring aping	ag, Md. Willow	20906 Dr. #13
0		John		MIDDLE Henry	Bowm		Eleanor	LaFra		M	organ
1		YAS DECEASED EVE YES NO OR UNKNOWN) Yes		VE WAR OR DATEST	220-09-72		Leonard H. A	skew(friend)		as13e	
		18 CAUSE OF DEA	TH (Enter of WAS CAUSE IMMEDIA	Coogulahi	n	BETWEEN 2	doup				
	Z	Conditions, if an gave rise to in couse (a), statunderlying cause	nmediate ing the se lost	DUE TO, OR		NCE OF	O I Secuse	INAL DISEASE OR CON	DITION GIV	/EN IN PART I	7
	CERTIFICATION	190 DATE OF OPER	Anem ation		Toksta		N WAS PERFORMED Bleeding	200 AUTOPSY?	IN CERTIF	S, WERE FINDS	
2		OR CONTRIBUTING (IF EITHER NOTIFY MET	CAUSE OF DE	HOUR A.A	A. MONTH DA	Y YEAR	21¢ HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 P	PART I OR PART 2)	
1	MEDICAL	WHILE NOT WAT WORK	YHIIE	21e PLACE C	OF INJURY ET, FACTORY, OFFICE, FA	ARM, ETC.)	211 LOCATION STREET	CITYORTO	WN	COUNTY	STATE
		220.1 certify that (saw the decea above (1) (ive)	1	of view the bady		7	nd that in (my) aur) apinion	death occurred an the d	ote and hav	19 8)	that (1) (we) last e causes stated
		27h SIGNATURE	my	down		-	DEGREE ATTENDING PHYSICIAN [MEDICAL STA	FF CIAN []	9-1	3-67
1		ZH PHYSICIAN'S N	URA)	AMOND	BASC		3941 Ferra	ia Whas	chon 1	rd 20	906
	(BURIAL, CREMATION		9/16/	87 F	reder	emetery or crematory cick Memorial	Park Fre	dericl	k, coMary	ylandstate
	24 FU	JNERAL DIRECTORY 331 Rocky	son W ille Pi	heeler F ke, Rock	uneral Ho ville, Mar	me,	Inc. 250 DATE S	EP 1 8 1987	25b REGIST	RAR'S SIGNA	. Kandale

DHMH - 16 60M 7/84 (VRA 15, 4)

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STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL WEGIEN	Ė
CERTIFICATE OF DEATH	

066066 SEP	FOR TATE	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL WYG CERTIFICATE OF DEATH		0, 4
. Pe	I DECEASED NAME	FIRST MIDDLE S	BEARDSLEY 15. DATE OF BIRTH		Y YEAR 26 HOUR 3, 1987 3:30 PM UNDER YEAR IF UNDER 74 HRS
ngs 4 : rector. ver affi	Female	Caucasian	July 29°, 1892	95 YRS	INTHS DAYS HOURS MIN.
1 1 45	CONNECTICUT		MADDIED NEVER MARRIED	Montgomery Con	
100	Bethesda	H 11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE Westwood Ret	ing home or other institution if address) irement Home	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Homemaker	12b KIND OF BUSINESS OR INDUSTRY Own Home
AND 212	Maryland	ontgomery Bethe	wn 13d. Inside city limits? sda Yes □ NO 🕅	130 STREET ADDRESS 5104 Westpath	
MARYI OGN	Everett	Sturge.		WIDDLE	Canfield
BALTIMORE, MARY	(YES NOOR UNKNOWN)	I U.S. ARMED FORCES? 166 SOCIAL SEC (IF YES, GIVE WAR OR DATES) 048 - 36		Beardsley, sar	me as #13
on semenda ding phys or remove	PART I. DEATH WA	(Enter only one couse per line for its (b), os CAUSED BY: AMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQ	Te Myocardia	I Infarction	BETWEEN ONSET AND DEATH
is that the death	PART 2 OTHER SIGNIE	which diote the lost (c) (c)	erio Selenolic /	Heart Disease INAL DISEASE OR CONDITION GIVEN	15 years
AL RECORDS, he low required to the low required to the been significant. They have prior to be accorded to the lower of th	190 DATE OF OPERATION	DN 196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	200 AUTOPSY? 200 IF YES, IN CERTIFY! YES NOT YES	WERE FINDINGS USED NG CAUSES OF DEATH?
NG PHYSICIAN. The ottending physicion ther this certificate hus os the buriol-tronsit pit and Mental Hygen orked or them 18 show	210. ACCIDENT WAS UNDER OR CONTRIBUTING CALL LIFETHER NOTIFY MEDICAL 21d INJURY OCCURRED	USE OF DEATH HOUR A.M. MONTH LEXAMINER) P.M. D 210 PLACE OF INJURY	19 211 LOCATION	RED (ENTER NATURE OF INJURY IN ITEM IB PAR	T ORPART 2) COUNTY STATE
DIVISATION OF PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF HEALTH ON THE PARTY OF THE PARTY O	22a I certify that (1) (#	ins hospital) attended the deceased from	April 19 73	to Splember 13. 19 deoth occurred on the date and hour of	that +++ (we) lost
O HOSPITAL OR A etoined by the hos TO FUNERAL DIRECTABLE OF With the Store Dept. MAPORTANT If them	STA HYSICIAL S NAM	JF. Gustapon	77e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN CONSIN AVENUE	22. DATE SIGNED 9-13-87 hery Chase MD 20815
BP	230. BURIAL, CREMATION, RE Cremation	MOVAL 23b DATE Sept. M. 1987	name of CEMETERY OR CREMATORY Intgomery Tematorium, Inc	23d LOCATION CITY OF TOWN Bethesda, Ma	county
DHMH - 16 50M 1/81 (VRA 15, 4)	24 FUNERAL DIRECTOR OD Bethe'sda-Ch 7557 Wiscon	ert A. Pumphrey I levy Chase, Inc.		RES DIBY REGISTRAR 736 REGISTRA	AR'S SIGNATURE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL PROJENE

2 670

TO BY STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.				
1 DECEASED NAME FIRST SAR	WARI	BEGUM	20 DATE OF DEATH MONTH	87 7:40 M			
3. SEX FEMALE	ASIANOS	DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) 82	IF UNDER I YEAR IF UNDER 24 HRS			
70 BIRTHPLACE (STATE OR FOREIGN 7)		MARRIED NEVER MARRIED WIDOWED NORCED	BALTIMORE CITY OR COUNT MONTGON				
SILVER SPRING	1. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE 4.00 816 Clifton Br	DRECE	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L	126. KIND OF BUSINESS OR HEI INDUSTRY			
USUAL RESIDENCE IF NURSING HOME OR O	Y 13c CITY OR TOWN	13d INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP COD SIC CLIFTON BROCE				
14. FATHER'S NAME FASI H UD	DI NI	IS MOTHER'S MAIDEN NAME FIRST L SG	MIDDIE	LAST			
160 WAS DECEASED EVER IN U.S. ARM (YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	Aleem Iqba	ADDRESS 1 (Son) Same				
18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	DIC NI		_	BETWEEN ONSET AND DEATH			
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE (b) C.V. DUE TO, OR AS A CONSEQUENCE (c)	CE OF		10 days			
	DNDITIONS CONTRIBUTING TO DE	ATH BUT NOT RELATED TO THE TERM		VEN IN PART 11a			
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	× CONDITION TOR WITCH OF	PERATION WAS PERFORMED	IN CERTI	IFYING CAUSES OF DEATH?			
210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	216. TIME OF INJURY HOUR A.M. MONTH DAY P.M.	YEAR 19 21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)			
21d. INJURY OCCURRED WHILE AT WORK	218 PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, FARA	M. ETC) 21 LOCATION STREET	CITY OF TOWN	COUNTY STATE			
saw the deceased alive apa abave, (1) (we) (did (did sat)	220.1 certify that (1) (this basevial) attended the deceased from 9-15, 19-87, to 91-29. 19 saw the deceased alive application of the deceased from 9-15, and that in (my) (our) opinion death accurred an the date and have above, (1) (we) (did (all late) view hapbady after death						
22b. SIGNATURE AW	ar?	HD ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	9 · 29 · 198)			
ASIF S. G	PRINT) ADRI	4700-BERW	YN HOUSE RD	COLLEGE PK MY 20740			
230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		ME OF CEMETERY OR CREMATORY	23d LOCATION CITY OF TOVE Brentwood	Pg Md K			

DHMH - 16 60M 7/84

BP.

(VRA 15, 4)

Hines/Rinaldi

11800 New HampAve. S.S.Md.

Julia Tindom Pendala

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

6833 SEP 25187 STATE REGISTRAR REG. NO 1. DECEASED NAME LAST 20 DATE OF DEATH MONTH FIRST 2b. HOUR TYPE OR PRINT Benedict September 17, 1987 George 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR 3. SEX 4 RACE 5 DATE OF BIRTH MONITH YAC YEAR 69 Male Caucasian July 27, 1918 TO BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Indiana United States Montgomery County WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) Food Service Produce Manager Suburban Hospital Bethesda USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13e STREET ADDRESS / ZIP CODE 8200 Wisconsin Avenue #506 /20814 13a. STATE 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Maryland Montgomery Bethesda NO X 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Eskew George H. Benedict Cora Μ. Mattie L. Benedict 8200 Wiscon #506 Bethesda, Maryland 20814 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO Wisconsin Ayenue IYES, NO OR UNKNOWN) LIF YES, GIVE WAR OR DATES) 577-09-2667 No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o. DUE TO, OR AS A GONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 206 IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOIT YES T NO [210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION AT HOME STREET, FACTORY, OFFICE, FARM, ETC) COUNTY CITY OF TOWN STATE AT WORK AT WORK 220 I certify that (I) (this hospital) attended the deceased from sow the deceased alive on above, (I) (we) (did) (did not) view the body after death, and that in (my) (our) opinion death occurred on the date and hour and from the couses stated September 21. 1997 22b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME 22e ADDRESS September 21. 1987 230 BURIAL, CREMATION, REMOVAL Parklawn Memorial Burial Park Rockville/Montgomery/Maryland 74 FUNERAL DIRECTOR Robert A. Pumphrey Funeral Home/ Bethesda-Chevy Chases Inc. 7557 Wisconsin Avenue Bethesda, Maryland 208

DHMH - 16 60M 7/84 (VRA 15, 4)

PORT

arrector, page 3

	STATE OF MARYLAND
OR .	DEPARTMENT OF HEALTH AND MENTAL HTGIEN
TATE EGISTRAR	CERTIFICATE OF DEATH

REG NO

P 2	908	LASED NAME	FIRST		NIDULE		AST			h HOUR D
999			Isabe	el Ma	ary	Ве	enson	September 21,	1987	10:00P
	3 SEX			4 RACE		5 DATE C				HOURS MIN.
	Female 70. BIRTHPLACE (STATE OR FOREIGN			Caucas		Nove	mber 7,1919	67 YRS		1,434,
12		OUNTRY	FORLIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR COUNTY		
0	Canada 10. CITY OR TOWN OF DEATH		Cana		WIDOWE		Montgomery C		MD.	
0	R	ockville		10416	Rockvi	TIE I	Pike #401	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE Secretary	126 KIND OF E	ritish
5	13a S	AL RESIDENCE (IF NURS STATE Aryland	136 COUN		GIVE RESIDENCE BEFORE 130. CITY OR TOWN Rockvil	N	134. INSIDE CITY LIMITS?	13e. STREET ADDRESS 10416 #401 / 20852	Rockvil	le Pike
-1	14 FA	THER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDEN NA	WE	IAST	
0/		Martin		arvey	O'Donne	11	Mary	Т.	Bauer	r
1		VAS DECEASED EVER		MED FORCES? E WAR OR DATES)	166 SOCIAL SECUI 212-94-6		Richa Oshawa, Onta	rd H. Donald 200 rio Canada L1G3B	Glenwoo	d Crescent
1		18 CAUSE OF DEAT PART I. DEATH W	VAS CAUSE!				ratory arres			SET AND DEATH
		Conditions, if ony gove rise to improve to improve to improve to improve the course to	mediate ng the e last.	DUE TO, OF	as a conseque	nce of	-Small Cell	Cancer		years
2	CERTIFICATION	190 DATE OF OPERA	30.5				N WAS PERFORMED	20a AUTOPSY? 20b IF YES,	WERE FINDING	
7		210. ACCIDENT WAS UNI	CAUSE OF DEA	In .	A. MONTH DA	Y YEAR	21¢ HOW INJURY OCCURE	RED LENIER NATURE OF INJURY IN ITEM 18 PA	RT I OR PART 2)	
•	MEDICAL	21d INJURY OCCUR	RED	21e. PLACE C			211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
		22a I certify that (I) saw the decease above, (II (we) ((this hospit	Sept.	deceased from 19	Janu 37	, 17	, toSept_21		ot (1) (we) lost uses stated
		226 SIGNATURE	on i	huma	ek			MEDICAL STAFF DIRECTOR PHYSICIAN	Sept.	
1		22d PHYSICIAN'S N. Aron		mack, l	M.D.			Irving Street, ington, D.C. 2	N.W. 0010	
	- (URIAL, CREMATION, SPECIFY) Burial		Septe 25, 1	mber A		EMETERY OF CREMATORY ton National Cemetery	23d LOCATION CITY OR TOWN Arlington, V	county /irginia	STATE
	755	NERAL DIRECTOR R. NAME B. 7 Wiscons	obert ethesc in Ave	A. Pump la-Chevy enue Bet	hrey Fund Chase hesda Mai	eral Inc. rylan	Home/ SEP 2	8 1987 June Serida		

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

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SEP 38 1987

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO HOSPITAL OR ATTENDING PHYSICIAN. The low region of the death certificate be executed within 24 hours ofter death. Prestoned by the hospital or ottending physician. TO FUNERAL DIRECTOR. After this certificate has been upon the propertion of completely filled in by the funeral of should be detached for use as the buriol-tronsit permit. The present incrementation, or removal. With the Store Dept of Health and Mental Hygiene prior to the prior transmitten, or removal. MAPORTANT: If them 21 is marked or item 18 shows ony injury, or other traumotic event, the medical examination of price.
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167631 OCT	-9 8	FOR per funeral h	home dw DEPART	MENT OF HEALTH AN		ŇE	·.d	1
a	1.0	. REGISTRAR ECEASED NAME . FIRST	AIDDLE	LAST		REG. NO	AONIH DAY YEAR	26 HOUR
CX ns		PE OR PRINTI Dhilin	G	Royman	1			1602 Pm
(X)	5 3.S	FY	1 RACE	5 DATE OF BIRTH	9	September AGE (IN YEARS LAST BIRTH		
go ge de		Male	Caucasian	MONTH DA	8 30	57	YRS MONTHS DAY	S HOURS MIN.
Pog Pog	70	BIRTHPLACE (STATE OR FOREIGN	16 CITIZEN OF WHAT COUNTRY	8 MARRIED X NEV	0	BALTIMORE CITY OR		
nerol n 72	50	onnecticut	United States	WIDOWED	DIVORCED	Montgom	ery County,	MD.
ter d	10 0	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	ADDRESSI . I	11 11 11	20 USUAL OCCUPATION TYPE OF WORK FOR MOST OF	WORKING LIFET INDUSTR	OF BUSINESS OR
by the filled	51	OCKVITE	Shady Grove	Adventist	10spilot	lectrical	Engineer/Dy	mamics
ARYLAND 2120 within 24 hours pletely filled in by ad 2 shoold be file	130	STATE 136 COL	or other institution give residence before unity 13c city or town gaither Gaither	VN 13d INSID	NO [3e STREET ADDRESS / 720 Quince	ZIP CODE Orchard BI	Lvd./20878
RYLA netely 2 sh	14.1	FATHER'S NAME	MIDDIE LAST		IER'S MAIDEN NAME	WIDDLE		AST
MAR ed w mple	3	Thomas	J. Bernar		Giovanna			gory
BALTIMORE, cote be execut by siction and coppers. Pages 1 vol.	/ 160	WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) Yes Kor	(047-22-36 O47-22-36	/5	Old Domin	seph T.ADBE	fnard, Brot Arlington	ther, Virginia
ALTII	′ =	T ROI	only one cause per line for (a), (b), o					OXIMATE INTERVAL IN ONSET AND DEATH
. 400		PART I. DEATH WAS CAUS	ATE CAUSE (0) SHOCK		voux	CAUSE		HOURS
or re	10		DUE TO, OR AS A CONSEOU	JENCE OF				
leot leot tter tter lion,		Canditions, if any, which gave rise to immediate	() CURONA		ert dis	ENSE		
W. Pa		couse (o), stating the underlying cause last	DUE TO, OR AS A CONSEQU	JENCE OF				
20 (# 4 4 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		PART 2 OTHER SIGNIFICANT	(c)	DE ATH BUT NOT RELA	ATED TO THE TERMIN	IAL DISEASE OR COND	IT ION GIVEN IN PART	1(0
RDS,	NO							
S bee	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PE	RFORMED	200 AUTOPSY?	20b. IF YES, WERE FINE IN CERTIFYING CAUS	DINGS USED ES OF DEATH?
TALR The I coon re hos sin pe	1 =			Tax 110		YES NO	YES 🗌	NO 🗌
N OF VITAL SKLIAN: The ng physicio certificate it priol-fronsit entol Hygie frem 18 sho		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D		AY YEAR	W INJURY OCCURRE	D (ENTER NATURE OF INJURY	r IN ITEM 18 PART I OR PART 2	1
YSKI ding s cent s cent s cent s cent s cent s cent s cent s cent	/ 0	LIFETTHER NOTIFY MEDICAL EXAMIN	P.M. 21e PLACE OF INJURY	19 21f LOC	ATION			
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST NG PHYSICIAN: The low recent that the death cert offending pays cond. After this certificate has bee the log recent as the buriof-tronsit permit. The and Mental Hygiene prio	MED	WHIE NOT WHILE AT WORK	(AT HOME STREET FACTORY, OFFICE,		TREET	CITY OR TOW	OUNTY COUNTY	STATE
3 o e			pital) attended the deceased from	-		10 12 - 2		. that 🍇 (we) last
Spirol CTOR of He of He			on 12-27 19	7,010	(my) (apinion de	oth occurred on the dot		
OR he ho		276. SIGNATURE	0.0	DEGREE	ATTENDING .	MEDICAL STAFF		TE SIGNED
7 - 7 - 0		224 PHYSICIAN'S NAME LIVE	area de	77. P	PHYSICIAN	MEDICAL STAFF	AN 7	18/87
TO HOSPITAL TO FUNERAL should be den with the Store		Jan A	Roxa TR	M D		Medical Cen		
TO H Show	730	BURIAL, CREMATION, REMOVA	AL 23b DATE October 23c	NAME OF CEMETERY		ille, Maryl	Lailu 20030	
BP		Burial	1, 1987 P	arklawn Mem	norial Par	k Rockvill		Maryland
DHMH - 16 60M 7/8 (VRA 15, 4)	24	FUNERAL DIRECTOR Rober	t A. Pumphrey Fur ille, Inc. 300 W ille, Maryland	meral Home, Montgomer	y AUCTO	2 1987 GISTRAR	ISB REGISTRAR'S SHOW	ATURE
(10,10,4)		NOCKV.	TILE, MALYIAMA	20020				-

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL ATGIENT CERTIFICATE OF DEATH

Bethesda,

Funeral Home 1250 DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

Maryland

Julia Davidson.

66832 SEP 29 8 TATE REGISTRAR REG. NO 1. DECEASED NAME 2a DATE OF DEATH (TYPE OR PRINT) 3 SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR MONTH 22, 1910 Male Caucasian Aug. TO BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVERMARRIED New York United States WIDOWED County DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION CHLY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR INDUSTRY U.S (TYPE OF WORK FOR MOST OF WORKING LI an Hospital Engineer Government USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 20906 136 COUNTY 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? ilverSpring Maryland Montgomery 15526 Prince Frederick Way YES 🗌 NO DX 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Alfred MIDDLE Birchett Margrete Torgerson 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT YES NO OR UNKNOWN 579-05-6122 Stella B. Birchett, same as APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (dy (b), and (c). PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOX YES [NO [210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION AT HOME STREET, FACTORY, OFFICE, FARM, ETC | CITY OF TOWN COUNTY NOT WHILE AT WORK 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on Sept. 18 19 obove, (1) (w4) (did) (did nat) y(w) the body ofter death. , and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 22b. SIGNATUM DEGREE 22c DATESIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 3301 New Mexico Avenue, N.W. Jay Ocuin, M.D. Washington, D.C. 20016 Name of CEMETERY OF CREMATORY
Montgomery
Crematorium. Inc 230 BURIAL, CREMATION, REMOVAL 23b. DATE Sept

DHMH - 16 60M 7/84

th the

FUNERAL

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MPORTANT

Fremation

Ave. Bethesda

(VRA 15, 4)

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be

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n and campletely filled in by the funeral director page 3 Pages 1 and 2 should be filed within 72 hours after death

SEP

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2 6

SEP 1 4 1987 Julia Dender Redistrar

- STATE - PEGISTRAR			RTIFICATE OF DEATH	REG. NO				
DECLASED NAME FIRST	Georgia MIDO	44TON E	Rely	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR 59			
3. SEX	4. RACE		ATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS			
Female	White	í	Feb. 1, 1901	86 YRS	MONTHS DAYS HOURS			
To. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WH	AT COUNTRY? 8		9 BALTIMORE CITY OR COUNT	Y OF DEATH			
Wash., D.C.	U.S.		ARRIED NEVER MARRIED WOWED DIVORCED	Montgomery				
10 CITY OR TOWN OF DEATH	11. NAME OF HOS	PITAL, NURSING HO	ME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUSINES			
Silver Spring	Holy C	CILITY, GIVE STREET ADDRES	ital	Secretary	US Gov't			
USUAL RESIDENCE (IF NURSING HOME 130 STATE	UNTY 13c	RESIDENCE BEFORE ADMIS CITY OR TOWN Ashington	113d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP COL 3636-16th St.,	N.W./20010			
14 FATHER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN N.		1467			
George	WIDDIE	Clayton	Josephin	e —	Waters			
160 WAS DECEASED EVER IN U.S.		SOCIAL SECURITY	NO. 17 INFORMANT	ADDRESSOW1	ngs Mills, MI			
(YES, NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES)	579-34-059	92 Irene B. We	lls, 460 Garriso	n Forest Rd.			
PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING			BUT NOT RELATED TO THE TER	IN CERT	ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH			
Ē			T11 1101/2 1101/2 1		YES NO			
OR CONTRIBUTION CALLES OF	1100110 4 44	MONTH DAY Y	EAR THOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM TO	PART I OR PART ?}			
S (IF EITHER NOTIFY MEDICAL EXAMI	NER) P.M.		19	772				
	21e PLACE OF	INJURY FACTORY OFFICE FARM ET	211 LOCATION STREET	CITY OR TOWN	COUNTY			
AT WORK AT WORK	WHILE NOT WHILE AT WORK							
22a.1 certify that (1) (this he saw the deceased alive above, (1) (wer (dust (did	on 8 Sex	10 00	and that in my) (per) opinion	death occurred an the date and he	aur and fram the couses state			
22h. SIGNATURE	99G	20		MEDICAL STAFF DIRECTOR PHYSICIAN	9 Sept 8			
	SOOUT M	n o	220 ADDRESS 2309 SHOLET	FIEUR RD WHEH	SOH NITE			
23a BURIAL, CREMATION, REMOV	AL 236 DATE 9/10/8'		of CEMETERY OR CREMATORY r Hill Cremator	CITY OF YOUNG	MD ^{COUNTY} 51			

M FUNERAL DIRECTOR Joseph Gawler's Sons Inc. 5130 Wisconsin Aver, NW, Washington, D.C. 20016

BP. - 16 60M 7/84

TO FUNERAL DIRECTOR: After this certificate has been signed by the IIII should be detached for use as the buriol-transit permit. Then please removement the State Dept of Health and Mental Hygiene prior to buriol, criminal

retained by the hospital or ottending physician.

FOR

(VRA 15, 4)

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The state of the s • O; ______ tree [... Tet Steenmann ave, No, equippeon, n.C. 2023: Giff to Giff

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL RYGIENE

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I		RHISTRAR				CERTIF	ICATE OF DEATH	REG	NO. 400		
۹		CEASED NAME	FIRST	,	MIDDLE		LAST	20. DATE OF DEATH		DAY YEAR	2h HOUR
ı	TITEL		HERMA	N		BLA	CKMAN	September	2, 19	87	11:25P M
1	3 SEX	X	4	RACE		S. DATE C		6. AGE (IN YEARS EAS	BIRTHDAY)	IF UNDER LYEAR	IF UNDER 24 HRS
	Male White 70. BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY?		Sep	t. 2, 1922	6.5	YRS		HOURS MIN.			
	7a B1	RTHPLACE (STATE OR F	OREIGN 71	CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9. BALTIMORE CIT	OR COUN	TY OF DEATH	
Virginia		U.S.A	1.	WIDOWS		Montgom	erv Co	untv.	MD.		
1	10 C1	TY OR TOWN OF DEA	ATH 1	1. NAME OF	HOSPITAL, NURSIN	IG HOME (OR OTHER INSTITUTION	120 USUAL OCCUP	ATION	12b. KIND C	OF BUSINESS OR
1	Si	lver Sprin	g		ross Hosp			Journali	st (Re	t.) Wasi	n. Post
2	USUA	AL RESIDENCE IF NURS		THER INSTITUTION.			A 124 INTOINE CITY HAVINGS	13e STREET ADDRES		#1000	(20817)
		rvland		omerv	Bethesda		13d INSIDE CITY LIMITS?	10300 We		D'L	
4		THER'S NAME					15. MOTHER'S MAIDEN NA	ME		2221	
		Harry	MI	DDLE	Blackma	n	Fannie	MIDDLI		Liebe	rman
		VAS DECEASED EVER		ED FORCES?	16b SOCIAL SECU		17 INFORMANT	ADI	DRESSPar	k, Md. 2	
1		YES, NO OR UNKNOWN)	WWI	WAR OR DATES}	239-24-1	453	Bruce Blackma				
ı					line for (a), (b), and			0			MATE INTERVAL ONSET AND DEATH
1		PART I. DEATH W	AS CAUSED	BY:	5.1		100 Kon	-0 N	200	17	ONSET AND DEATH
1			IMMEDIATE		CALIO	06		1			75-0
		Conditions, if ony,	which	DUE TO, OI	DUE TO, OR AS A CONSEQUENCE OF					10	min
	30	gave rise to imn	nediate) (6)—	0			1		10.	
		couse (a), statin underlying cause		DUE TO, OI	R AS A CONSEQUE	NCE OF	Weaket	41-			
		DART 2 OTHER SICA	HEIC ANIT CO	(c)	SALTERIOR TO S	S A THE BUILT	NOT RELATED TO THE TERM	This Distant On Co	CHICKLE	Chiffy his DARY 1	
١	Z	TAKE 2 OTTICK SIGI	TINCAITI CC	2001110113 <u>CC</u>	DIVINIBOTANO TO E	DEATH BOT	NOT RELATED TO THE TERM	MINAL DISEASE OR CO	JINDINION C	SIVEIN IN PART II	
7	CERTIFICATION	19a DATE OF OPERAT	TION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b IF Y	ES, WERE FINDI	NGS USED
1	J.F.	50						YES TI NOO		TIFYING CAUSES	OF DEATH?
N.	ERI	210, ACCIDENT WAS UNE	DERLYING T	21b. TIME O			21c HOW INJURY OCCURE				
1		OR CONTRIBUTING			M. MONTH DA						
	MEDICAL	(IF EITHER NOTIFY MEDIC		21e PLACE		19	211 LOCATION		200		
	ME	WHILE NOT WH			REET, FACTORY, OFFICE, F	ARM, ETC)	STREET	CITY O	RIOWN	COUNTY	STATE
1		22a.l certify that (I)		i) attended th	e decensed from	10/2	186 19		2	10 8 7	that (1) (we) last
	0	saw the decease	ed alive op_	9/2	198		nd that in (my) (our) opinion i		e dote and h		
١	100	above, (I) (we) (a	did) (did fol)	view the body	after death.		DEGREE			122c DATE	
		4	1/2	1000	10,	1		MEDICAL S	TAFF		
4		22d. PHYSICIAN'S NA	AME TYPE OF	PRINT	ven		22e ADDRESS	DIRECTOR PHY	SICIAN	Sept.	3, 1987
1		W 400 1807 W									
4	22	DAVID E				11116 = 5	10620 Georgi		#114;	Silver S	pring, Mo
		BURIAL, CREMATION,	REMOVAL	23b. DATE			EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		COUNTY	STATE
		Burial		9/4/87			vid Memorial C				
	24 FL	NAME DIRECTOR D	ANZANS	KY-GOLI	DBERG MEM	ORIAL	CHAPELS SEP	ESCO. 1987 STR	Allia B	COLORS SIGNAT	(RE
	111	70 Daglessi 1	1 - D41.	Dani	M	1 20	OFO				-

DHMH - 16 60M 7/84 (VRA 15, 4)

1170 Rockville Pike; Rockville, Md. 20852

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL TYGIENE - STATE CERTIFICATE OF DEATH REG. NO 20 DATE OF DEATH CEASED NAME TYPE OR PRINTI FRED BLOOM 5. DATE OF BIRTH 3 SEX 4 RACE 69 MALE WHITE BALTIMORE CITY OR COUNTY OF DEATH In BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED COLORADO WIDOWED DIVORCED [MONTGOMERY COUNTY IR CITY OR TOWN OF DEATH LTYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY TAKOMA PARK WASHINGTON ADVENTIST HOSPITA MFRCHANT USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 13d INSIDECITY LIMITS? 13. STREET ADDRESS / ZIP CODE MARYLAND MONTGOMERY STILVER SPRING NO 1101 NAVAHOF DRIVE 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE FIRST BLOOM EDITH 3484 SCALEDONIA CIRCLE 17 INFORMANT IAL SOCIAL SECURITY NO 60 WAS DECEASED EVER IN U.S. ARMED FORCES SANDY D. STEUER, WOODBRIDGE YES, NO OR UNKNOWN) 578-05-9164A 18. CAUSE OF DEATH (Enter only one couse per ling for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE NSEQUENCE OF cause (a), stating the underlying cause last RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PAR 206. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 71a ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIFETHER NOTIFY MEDICAL EXAMINERS 21e PLACE OF INJURY 211 LOCATION 21d INJURY OCCURRED CITY OF TOWN LAT HOME STREET, FACTORY OFFICE FARM ETC.) WHILE NOT WHILE and that I my (our) opinion death occurred on the date and hour and from the DEGREE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 27e ADDRESS 7610 CARROLL AVENUE DR. THOMAS A. BENSINGER. M. D. TAKOMA PARK, MARYLAND 23¢ NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION, REMOVAL BURTAL 9/23/1987 MOUNT LEBANON CEMETERY MARYLAND ADELPH1 2DONALDIRMIORSTEIN HEBREW MEMORIAL FUNERAL HOME in Devideon Pas 232 CARROLL STREET. N. W. WASHINGTON D.

7h. HOUR

176 KIND OF BUSINESS OR

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DHMH - 16 60M 7/84 (VRA 15, 4)

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meoth. Page 4 may be 99 0 1 within 72 hours ofter death DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2 170 TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion should be detached for use as the busial-transit permit. Then please remove corbon papers, with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Hem 21 is morked or Hem 18 shows ony ATTENDING PHYSICIAN: The low etoined by the hospitol or

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE Ó

REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO.			
DECEASED NAME	FIRST		MIDDLE	1.	AST	26 DATE OF DEATH MONTH	DAY YEAR 26 HOUR		
(TYPE OR PRINT)	е		Bonho	mme	9,	11/27-6			
3. SEX	02,000	4 RACE		5. DATE C	F BIRTH	6. AGE (IN YEARS LAST BIRT DAY	IF UNDER LYEAR IF UNDER 24		
Female	Female Black Mar. 8, 1916 Fem		. 8. 1916 FAR	71 /	MONTHS DATS HOURS				
To BIRTHPLACE (STATE	OR FOREIGN		N OF WHAT COUNTRY?		9 BALTIMORE CITY OR COU	NTY OF DEATH			
COUNTRY) Hati		Hat	i	WIDOWE		Montgomery			
10 CITY OR TOWN OF I	DEATH		HOSPITAL, NURSING HACKITY GIVE STREET		ROTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKH Language Ins	126 KIND OF BUSINESS NG LIFE) INDUSTRY SCH tructor Pvt.		
USUAL RESIDENCE (# N 130. STATE MD	136 COUN	other institution ity	136. CITY OR TOWN Bethes	N_ 1	13d. INSIDE CITY LIMITS? YES NO	13. STREET ADDRESS / ZIP C 10224 Hather			
14. FATHER'S NAME		MIDDLE	IAST		15. MOTHER'S MAIDEN NA	ME	145%		
Deveze	-110		Polynice		Polymnie	MADLE	Beliott		
160 WAS DECEASED EV		MED FORCES?	166 SOCIAL SECU		17 INFORMANT	ADDRESS			
(YES, NO OR UNKNOWN)	(IF YES, GIV	E WAR ON DATES)	215-62-4	148	Ernest J. B	Sonhomme Same a	s item # 13		
18 CAUSE OF DE	ATH (Enter on	ly one couse per	Mil for (a), (b), and	lyu.	1	allera	BETWEEN CHARLES OF		
NOE	PART 2 OTHER SIGNIFICANT CONDITIONS CO				N WAS PERFORMED	20a AUTOPSY II.b. II	FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH		
#						YES NO	YES NO		
	210. ACCIDENT WAS UNDERLYING A 216. TIME OF HOUR A				21c HOW INJURY OCCUR	RED (ENTER NATURE OF LURY IN 1TEA	A 18 PART 1 OR PART ?)		
S LIF EITHER, NOTIFY A	AEDICAL EXAMINER) P.	.M.	19					
21d INJURY OCC	21d INJURY OCCURRED 21e. PLACE			ARM, ETC)	211. LOCATION STREET	CITY OR TOWN	COUNTY STA		
					2/1/2 70	0/12	07		
	220.1 certify that (I) (this haspital), attended the deseased from 3/10, 19 To , to 19 To , that (I) (we) lie								
sow the dece	sow the deceased alive an								
411	22% SUGNATIONE DECREE ATTI					MEDICAL STAFF DIRECTOR PHYSICIAN	9/17/2		
Penny	L. Bis				10313 Georg	ia Ave., Silve			
	L. Bis	k M.D.			10313 Georg		r Spring,Md.		

DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL OR

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STATE OF MARYLAND

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7355 0	ICT -	FOR - STATE REGISTRAR		ŧ	DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO	20	671	6
1 2 2 3 0		DECLASED NAME	FIRST		WIDDLE	Bai	THE HI		MONTH DAY		A DEA
oy be		SEX	FRANK	R J	IPLEY	S. DATE O		SEPTEMBER 2		INDER TYEAR	4:35A M
offer.		MALE		CAUCASI	ΓAN		BER 7, 1914	72	MON YRS	THS DAYS	HOURS MIN.
Pog direc		BIRTHPLACE (STATE C	R FOREIGN		WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY O		DEATH	
Son 72	Samuel Land	WEST VIRGI		USA		WIDOWE	D DIVORCED	MONTGOME			MD.
by the fulled with	7	ILVER SPRI			HOSPITAL, NURSIN CHFACILITY, GIVE STREET LY CROSS		ROTHER INSTITUTION CAL	MORTGAGE BA	ANKER	SEQUÖI	BUSINESS OR A SAVING
Owld be	11	SUAL RESIDENCE (IF NO. 10. STATE ARYLAND	136 COUN		GIVE RESIDENCE BEFORE	N I	13d INSIDE CITY LIMITS?	1001 SPRING		& LOAN T #211	20910
	2"	RIPLEY		WIDDLE	BOWMAN		NELLE	CAMDE		RÜĹ	E
0 7	H	(VES. NO OR UNKNOWN)		MED FORCES?	579-09-2		SYLVIA C. BO	ADDRE WMAN/WIFE/SA		13	
of the consideration of cremotion, or stronger		Conditions, il or gove rise to i couse 101, sta underlying cou	ny, which mmediate ting the	(b)_	R AS A CONSEQUI	ENCE OF	PULLUON				, vocato
ow requires that the second of		gove rise to i couse (o), sta underlying cou	ny, which mmediate ting the ise last	DUE TO, O (b) DUE TO, O (c)	ONTO BUT ING TO	ENCE OF	NOT REPATED TO THE	10 AUTOPSY?	20b. IF YES, W		
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STATE OF MARYLAND

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607 SEP:	24	FOR STATE REGISTRAR			DEPART		EALTH AND MENTAL HY CATE OF DEATH	GIENE REG. N	10.		
		CEASED NAME	FIR5T		MIDDLE	LA	151	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
ge 3			EDWAF	RD :	LEWIS	BR	ADY	September	20 1	987	4:35p. M
0	3. SE	X		4. RACE		5. DATE O		6 AGE (IN YEARS LAST BE		IF UNDER 1 YEA	R IF UNDER 24 HRS
	M	ale		White			1 21, 1919	68	YRS	MONTHS DAYS	HOURS MIN.
37	70. B	IRTHPLACE † STATE OR I	FOREIGN	76 CITIZEN OF	WHAT COUNTRY	2 8 MAPPIER	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
4 /		uth Caroli		U.S.		WIDOWE	DIVORCED [Montogme	ery Co	ounty	MD.
T	10 C	ITY OR TOWN OF DEA	ATH	11. NAME OF	HOSPITAL, NURSI	NG HOME O	R OTHER INSTITUTION	120 USUAL OCCUPAT	ION OF WORKING LIE		OF BUSINESS OR
	Ch	evy Chase	200				ue, #307W	Administra			SU.S.Go
0		AL RESIDENCE (IF NURS	13b. COUN	OTHER INSTITUTION	13t. CITY OR TO	RE ADMISSION)	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS			0.0.00
5		rvland		gamery	Chevy Cl		YES X NO	4620 N. Pa			307W-2081
-		ATHER'S NAME					15. MOTHER'S MAIDEN N	AME			
436	1	Aaron	,	MIDDLE	Brady	2015	Theresa	MIDDLE	Mc	orgens	etorn
THE N		WAS DECEASED EVER			166 SOCIAL SEC	URITY NO.	17 INFORMANT	AD B	SENT C	hase	Md. 20815
1	N	YES, NO OR UNKNOWN)	(IF YES, GIVI	E WAR OR DATES)	565-14-	4358	Evelyn Brady	: Wife: 4620) N Pa	rk Ave	#307W·
to E	1			DUETO							
mjery, or omer free	ATION	Conditions, if ony, gove rise to imm couse to imm couse for stating underlying couse PART 2 OTHER SIGN 190 DATE OF OPERA	nediate ng the lost.	DUE TO, C		DEATH BUT I	NOT RELATED TO THE TER	MINAL DISEASE OR CON			
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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S h O h ora	1.	FOR STATE REGISTRAR	DEPART		IEALTH AND MENTAL HYGI ICATE OF DEATH	IENE REG. NO.		
4 U 4 SEP		ASED NAME FIRST	WIDDLE		LAST ,	20 DATE OF DEATH MONTH	DAY YEAR	2b HOUR
oy be oge 3 death	(TYPE	DEULAH	CORA	BRAII	NING	9_	16-1987	9:30 AM
yor god	3 SE		4 RACE		OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF INDER 24 HRS
7 90		Female	White	MONT		0.0	MONINS DATS	HOURS MIN
1 11/10	7a Bi	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8	14, 1892	95 YE 9 BALTIMORE CITY OR COU		
1 15/1		shington, DC	USA	MARRIE	D NEVER MARRIED			
号 建加入			11. NAME OF HOSPITAL, NURSIN	WIDOW		Montgomery 12a USUAL OCCUPATION	12b KIND O	F BUSINESS OR
4 48	Ro	ckville	Rockville Nursi	ADDRESS)	ımo	TYPE OF WORK FOR MOST OF WORKIN		
S ST	UsU	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION GIVE RESIDENCE BEFOR	E ADMISSION)		Housewife	Own H	ome
2 30 4		STATE 13b. COUN				13e STREET ADDRESS / ZIP C		
1.91	Me 14 F/	THER'S NAME	gomery Bethesda		YES NO X	6303 Orchid Dr	-/20817	
1 /19/4/			MDDLE		FIRST	MIDDLE	t'AS1	T
1 11		Ames D. Avery	MED FORCES? 166 SOCIAL SECU	IRITY NO	Cora O. Brown	ADDRESS		
pub p		ES NO OR UNKNOWN) IF YES GIVE	WAR OR DATES)			6303 Orchid 1	Orive	
1 1			228-72-1		Pearl Malstro	om Bethesda, Mo	1, 20817	MATE NATERIAL
1210		18. CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED	ly one couse per line for (a), (b), or BY:		V. D. mass	F. 1. 10	MINNENS	WATER OF A DEATH
1 3111		IMMEDIATI	E CAUSE OF PHONE	we !	ulmonary	Tallavk	7	agy
NU -			DUE TO SHIRLY CONSEQU	ENCE OF	Lalot woll h	1 1 1	11	A Per
de de de		Conditions, if any, which gove rise to immediate	1 INDA	Mei	rove much	Com a	7.6	carp
4 4114		cause (a), stating the underlying cause last.	DUE TO ONE A CONSEQU	ENCE OF			-	0
1 the tr			()(e)					
Then the following the followi	CERTIFICATION	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BU	NOT RELATED TO THE TERM	IN AL DISEASE OR CONDITION	GIVEN IN PART TIE	
and on the	CAT	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED		F YES, WERE FINDIN ERTIFYING CAUSES	
25 251 XX	TIE					YES NO	YES [NO 🗆
Tons Front Hyg	CER	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		AY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEN	18 PART I OR PART 2)	
g p p	CAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	in .	19				
his o his o	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE	EADAA ETC \	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
offe offer the han	2	AT WORK AT WORK		ARM, CTC. /	-11 000	a 111	0/-1	
A A A A A A A A A A A A A A A A A A A		22a I certify that (I) (this Vol	Mula tended the deceased from.	5	18 1987		1907	that (I) (we) lost
Pito TTE Pito To Africa 21 i		saw the deceased alive on above, (1) (we) (did) (did not	19 Street the body ofter death	7.0	nd that in (my) (auc) apinion o	death accurred on the date and	hour and from the	couses stated
hos hos hed hed ept hem		THE SIGNATURE A	01/1/1	Tim	DEGREE		The DATE	SIGNIJO
AL D AL D Step D		Duchel ()	11 Hralm	111)	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	9//	6/87
FUNER of the Ste	- 3	ZIMPHYSKIAN'S NAME HITE OF	fraudy f	10	22e ADDRESS	-	11	1
o HOSPIT.	- 3	Michael N. He	ealy, MD //		5652 Shields	Dr., Bethesda,	Maryland	
5 5 5 4 3 \$ 1	23a l	BURIAL, CREMATION, REMOVAL		NAME OF	CEMETERY OR CREMATORY	23d LOCATION	. 0.	STATE
BP	E	burial	9/21/1987 Ar	lingt	on National		rlington.	
DHMH - 16 60M 7/84	24 F	JNERAL DIRECTOR			rfax Dr. 25a DATE	E REC'D. BY REGISTRAR 256 RE	GISTRAR'S SIGNAT	URE
(VRA 15, 4)	E	rlington Funera			NCO.	2 1 1087	Side Por	LIR

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po (228-72-1370 Fearl Melatrom Dethesda, M. 20817	r./20817	NAME OF COLUMN			Bet		
TO 1370 Fearl Malatrom Detherds, Md. 20817.			ora O. Bro			D. Avery	James
	57.1	6303 Orelita					OFF
Michael M. Heals, Un Serl Matelds Dr., Nathonda, Maryland							
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3901 H. Feirfex Dr. Arlington, Vo.

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGENE CERTIFICATE OF DEATH

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7 8	REGISTRAR		CERTIFICA	ATE OF DEA	in		REG. NO			
	CEASED NAME FIRST	MIDDLE	IAST		2	DATE OF DE	ATH MO	NTH O	YEAR	26 HOUR
	Ruth	Α.	Iori	11		105	9	- 46	0-0/	8:15P.M
3. SE	E	race 111/2ite	5. DATE OF BI	IRTH DAY	YEAR	AGE (IN YEARS	LAST BIRTHD		FUNDER TYEAR	HOURS MIN.
A BI	RIHPLACE ISTATE OR FOREIGN 7h	CITIZEN OF WHAT COUNT	PY2 8	14		BALTIMORE	CITY OF C	OUNTY	OF DEATH	
1	Nosh. DC	U.S.A.	MARRIED WIDOWED	NEVER MAR		MOOT	topo	20.0	24	440
U C	ITY OR TOWN OF DEATH 11.	Tranco of Hoof Hat, Hon	SING HOME OR O		TION I	20 USUAL OC	CUMTION		42 KIND C	DF BUSINESS OR
U	pheaton 10	niversity	Nursin	a Hon	ne	SECR!	ETAR		DEPT	OF STATE
	AL RESIDENCE (IF NURSING HOME OR OTH STATE	TER INSTITUTION GIVE RESIDENCE BE		INSIDE CITY I	LIMITS?	300	PRESS Z	n Ope	255 8	1,200€
14 FA	BENJAMAN MIDE	H. Brice	15.	MOTHER'S MA	EQ		EV4		LAS	17
	VAS DECEASED EVER IN U.S. ARMEI VES NO OR UNKNOWN) 1 IE VES. GIVE WA	AR OR DAYES)		arren D	Brill,	6320 L	eney	Rd,	BetHe	20817 55 PA, MO
	11 CAUSE OF DEATH (Enter only o	V	A-	4.	0 00	4			APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
	IMMEDIATE C		prespira	vry	arres	1	-		lmo	ned.
		DUE TO, OR AS A CONSE			1.				1/-	
	Conditions, if ony, which	(b) Coro	nary a	rtery	dis	pase			4	mo
	couse (o), stoting the	DUE TO, OR AS A CONSE	QUENCE OF							
	underlying couse lost	(c)					7.0			
z	PART 2 OTHER SIGNIFICANT CON	UDITIONS CONTRIBUTING	TO DEATH BUT NO	T RELATED TO	THE TERMIN	AL DISEASE O	R CONDIT	ION GIVE	EN IN PART 1	0
ATIO	198 DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATION W	VAS PERFORMI	ED	200 AUTOPS	Y? 2	0b. IF YES.	WERE FINDI	NGS USED
CERTIFICATION						C 1/2	OK		YING CAUSES	OF DEATH?
CERI	210. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY	21	IC HOW INJUR	Y OCCURRE	D (ENTER NATURE	Para			
	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH	DAY YEAR							
MEDICAL	214 INJURY OCCURRED	218 PLACE OF INJURY		I. LOCATION	17		ITY OR TOWN		COUNTY	STATE
¥	AT WORK AT WORK	TAI HOME STREET PACTORY, OFF	REPARM EIC)	31.00			1.			
	22a.1 certify that (I) (this haspital) saw the deceased alive an	ottended the deceased fro	om Da	. 1	9	, to	126		19.87	that (It (we) lost
	sow the deceased alive an above, (1) (we) (did) (did not) vi	new the body ofter death	9 8 7 , and th	hot in (my) (ou	r) opinion de	oth occurred o	n the dote	ond hour	and from the	couses stated
	226. SIGNATURE	Primack	DEG						22c DATE	SIGNED
		(A AA # 1 V/	WM)	ALIE	NDING S	MEDICAL DIRECTOR	STAFF		19-	7/ 077
	aron /	1 Whach-			SICIAN EN		LILL SICIAL	4 L	-	26-81
	22d PHYSICIAN'S NAME (TYREORPR	RINT)		ADDRESS						16-81
		1 1 1				scens			Chevy	Chase M
23a I	Aron Pr	imack 1 23b. DATE	1D. 22	545		5 Con S	in Au		Chevy	Chase M
	Aron Pr BYMAL CREMATION, REMOVAL CHIPCEM METION	imack 1	1D. 22	545 ETERY OR CRE	4 WI MATORY Rematory	5 Cons	IN AU	e. C	COUNTYPE	Chase M
	Aron Pr	imack 1 23b. DATE	AD, BY NAME OF CEME CHAM B	545 ETERY OR CRE	4 WI MATORY Rematory	5 Cons	IN AU	e. C ALE REGISTI	COUNTYPE	TURE

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	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the southeast the executed within 24 hours after death. Parezioned by the hospital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the account connection and completely filled in by the funeral disshould be detached for use as the buriol-transit permit. Then please remains a part. Pages 1 Dad 2 should be filled within a 7 he with the State Dept. of Health and Mental Hygiene prior to buriol, cremitating.	
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066870-SEP 2	1	FOR STATE PREGISTRAR	DEPAR	MENT OF	TE OF MARYLAND HEALTH A. TYG	TENE A	2 5 7	2 0
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oge 4 mirector p	3 SE	Female	White	April	OF BIRTH L 23°, 1893°	6. AGE (IN YEARS LAST BIR	YRS "	DATS HOURS MIN.
deoth. P		RTHPLACE (STATE OR FOREIGN COUNTRY) NEW YORK	U. S. A.	MARRI		1	GO MERY	
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AND 21.	13a :	Maryland Mont	gomery Rockvi		134 INSIDE CITY LIMITS? YES, XX NO		trose Roa	ud 20852
MARYI completel		William	Price		15. MOTHER'S MAIDEN NAME (Unascerta)	inable) MIDOLE		scertainable)
LTIMORI be exect on ond or services. Poges	180 (No	579-42-	7032	Bernard S. B.	roderson Ro	00 Nichol ckville,	Son Lane, Md. 20852
ures that the light of the bound of the boun	z	Conditions, if any, which gove rise to immediate couse (o), storing the underlying couse lost.		JENCE OF	1A DF LY		1	MONTHS ART 110
AI RECORE The low requion.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATIO		YES NO	YES 🗀	AUSES OF DEATH?
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TO HOSPITAL O retorned by the TO FUNERAL D should be detoc with the Stote D IMPORTANT: If I		22d. PHYSICIAN'S NAME (TYPEO)	97EL	^	1. D. ATTENDING PHYSICIAN [MEDICAL STAF	FL	8/29/87 LLE MD.
₽ ₽ ₽ ₩ \$ \$	(URIAL, CREMATION, REMOVAL SPECIFY) Burial	8/31/1987 K	ing Do	emetery or crematory wid Mem. Gard	en Falls	Church, COUNTY	Virginla
DHMH - 16 50M 1/BI (VRA 15, 4)	23	NALDDIMGTOSTEIN H 2 CARROLL STREE	EBREW MEMORIAL T. N. W. WASHI	VEYER!	L HOME 250 DATE	P 0 2 1087	PILA DOUGL	GNATOHOLE

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- STATE

REGISTRAR

Edward

STATE OF MARYLAND

Brosnan

D

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.

SEPTEMBER 22,

MONTH

1987

26 HOUR 6:05P

20 DATE OF DEATH

5. DATE OF BIRTH & AGE LIN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 4 RACE MONTH YEAR JULY 18 1909 CAUCASIAN MALE BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE I STATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY NEW YORK CITY DIVORCED MONTGOMERY WIDOWED 126 KIND OF BUSINESS OR ID. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY DIRECTOR VA REGIONAL OFC SILVER SPRING ELKRIDGE WAY HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONS USUAL RESIDENCE IF NURSI 130 COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? 15211 ELKRIDGE WAY 20906 SILVER SPRING MARYLAND MONTGOMERY 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME FIRST MIDDLE LAST FIRST MIDDLE CATHARINE PARKER BROSNAN JEREMIAH. ADDRESS 16h SOCIAL SECURITY NO 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? HE YES, GIVE WAR OR DATEST YES 1944-1946 086-03-6453 RUTH B. BROSNAN/WIFE/SAME AS 13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b', ond (c'. PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE 10 DUE TO, OR AS A CONSEQUENCE OF gove rise to immediate couse (o), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF 710 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY (ENTER NATURE OF INJURY IN ITEM 18 PART T OR PART 2) DAY YEAR HOUR A.M. MONTH OR CONTRIBUTING CAUSE OF DEATH MEDICAL P.M LIF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED 21L LOCATION 21e PLACE OF INJURY COUNTY STATE CITY OF TOWN AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a 1 certify that (I) (this haspital) attended the deceased from, sow the deceased alive on_ and that in 4my) (our) opinion death occurred on the date and have and from the causes stated above, ++ (we) (did) (did not) view the body after death 22c. DATE SIGNED 226 SIGNATURE DEGREE For Or Lockish ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 22d PHYSICIAN'S NAME (TYPE OF PRINT) 2901 Olney-Sandy Spring Rd. Olney, Md. 20832 DONALD E DILLON, M.D. 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 236 DATE CITY OF TOWN SEPT25, 1987 GATE OF HEAVEN CEMETERY STLVER SPRING MONTGOMERY MD BURTAL 24 FUNERAL DIRECTOR FRANCIS J. COLLINS JR. UNIVERSITY BLVD W SILVER SPRING.

167352 001-157 Edward

THERE IS NOT BEEN ASSESSED.

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\$2000 July State State State of the State of

TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the haspital or attending physician.

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	STATE OF MARYLAND
OR	DEPARTMENT OF HEALTH AND MENTAL HYGIE
TATE	CERTIFICATE OF DEATH
EGISTRAR	CEKTIFICATE OF DEATH

	STATE REGISTRAR			EALTH AND MENTAL HYG ICATE OF DEATH	1	1	
	EASED NAME FIRST	MIDDLE	- 1	AST	REG. NO	H DAY YEAR 26	HOUR
(IIIe)	Andrew	, D.	Bro	p(u)n	9/=	22/1987 1	1950
3 SEX		RACE Caucasian	5 DATE C		6 AGE (IN YEARS LAST BIRTHDAY)		INDER 24 HR
	Male	Caucastan	MONTH B	31 37	50	MONTHS DATS HO	URS MI
	THPLACE (STATE OR FOREIGN	16 CITIZEN OF WHAT COUNTRY	? 8	NEVER MARRIED	9 BALTIMORE CITY OR CO	UNTY OF DEATH	
	cotland /	USA	WIDOWE		Montgomer	v County	
10 CIT	Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	ING HOME C		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK	126 KIND OF BU	SINESS
Ta	akoma Park	Washington Adv		Hospital	Mechanical Er	ng. Air Con	diti
USUA 13a S	L RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION GIVE RESIDENCE BEFO	RE ADMISSION)				
	10000	George's Bowie	WN	134 INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP 12413 Whitehe		0715
	THER'S NAME			15 MOTHER'S MAIDEN NA	ME		V (± /
	Andrew	Brown		Isabella	MIDDLE B.	Brow	77
	AS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SEC	URITY NO.	17 INFORMANT	ADDRESS		
[16	YES (IF YES, GIT	VE WAR OR DATES) L-1962 066-28-	6006	Patricia I.	12413 V	Whitehall Dr Maryland 2	ive 0715
				/ -	DIOMII DOMIE'	APPROXIMATE BETWEEN ONS	
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	Conditions, if any, which gave rise to immediate	(b)	Jai 1	2 108/01	C CITAL CO	10400	- 4
	couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQU	UENCE OF			300	
		(c)					
	DADI 2 OTHER SIGNIES ANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT BELATED TO THE TERM	AINI AL DISCASE OR CONDITIO	NI C BYEN IN I DA DT 1	
Z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITIO	N GIVEN IN PART 10	
ATION							USED
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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYDIENE

La	0	1	Eno	0
100				
REG. NO				

	1 -	STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO		
-8		CEASED NAME FIRST E	VA HARŘÍ	NGTON BROW	ÎN DWN	20 DATE OF DEATH	9 /21/87	15:35 AM
	3. SEX	Female	A RACE Black	Jerty 7	-13 - 16	6 AGE INVEARSLAST BIRT	MONTHS: DAYS	HOURS MIN.
1		outh Carolina	United		D NEVER MARRIED		ery County	У
1	-	TY OR TOWN OF DEATH	(IF NOT IN SUCH FAC	PITAL, NURSING HOME (CILITY, GIVE STREET ADDRESS) NGTON ADV	OR OTHER INSTITUTION ZWTIST HOSPITHL	126 USUAL OCCUPATK (TYPE OF WORK FOR MOST OF Retired/D	OMESTIC WORKING LIFE)	orker
1	22 a 6	AL RESIDENCE OF NURSING HOME OR STATE TO THE COUNTY	OTHER INSTITUTION GIVE ITY 13c.	RESIDENCE BEFORE ADMISSION) CITY OR TOWN	13d. INSIDE CITY LIMITS?	130 STREET ADDRESS /	2	20010
1		James Ben	jamin H	arrington	Carrie	Gilles	pie	AST
1		VAS DECEASED EVER IN U.S. AR VES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? E WAR OR DATES) 5	50 - 30 - 5339	Lillian M.	-	Court, Hyaaughter) M	
	CERTIFICATION	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT (IPA DATE OF OPERA ION	DUE TO, OR AS (c) CONDITIONS CONTI	A CONSEQUENCE OF A CONSEQUENCE OF ENGRA RIBUTING TO DEATH BUT N FOR WHICH OPERATION	ant durate	LOV MONE 200 AUTOPSY?	206. IF YES, WERE FIND IN CERTIFYING CAUSE	INGS USED
7	MEDICAL CERTIF	210. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DE- (IF EITHER NOTIFY MEDICAL CAMPLES 21d. INJURY OCCURRED	HOUR A.M.	MONTH DAY YEAR	216 HOW INJURY OCCURE A 216 LOCATION SUBFET A CORPET CORPET A CORPET			NO []
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1		B. Jos	Hi M.		TAKOMA	PARK MC	1 0 0	2
-	1	BURIAL, CREMATION, REMOVAL	SCPT 261		cemetery or crematory	Breuzwoa		7
		UNERAL DIRECTOR	1 HM. 20	ADDRESS	Top AVIAG OCT	REC'D. BY REGISTRAR	256 REGISTRAR'S SIGNA	

injury, or other traumatic event,

MPORTANT: If Item 21 is marked or Item 18 shows any

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STATE OF MARYLAND

	7-	Male White NOV. 7, 1896 to 90 WEST PROJECT OF THE STATE OF ORGAN TO S.A. WHAT COUNTRY? WHAT COUNTRY? WHAT COUNTRY? WHAT COUNTRY? WHAT COUNTRY? WHAT COUNTRY OF THE STATE OF ORGAN WHAT COUNTRY OF THE STATE OF THE STAT										
				_		Brown	LAST	2a DATE				
	3. SEX		CERTIFICATE OF DEATH REG. NO. IE 1991									
7			ORE IGN			CERTIFICATE OF DEATH LAST Brown Sept. S. DATE OF BIRTH NOW. 7, DA 1896 FEAR S. DATE OF BIRTH NOW. 7, DA 1896 FEAR S. DATE OF BIRTH NOW. 7, DA 1896 FEAR S. DATE OF BIRTH NOW. 7, DA 1896 FEAR S. DATE OF BIRTH NOW. 7, DA 1896 FEAR SOWN HARRIED NEVER MARRIED 90 WIDOWED NORCED 100 MOREON OF COMMINIOR OF COMMINI	COUNTY		MD			
1	10 CI		-			IRSING HOME	OR OTHER INSTITUTION				126 KIND O	F BUSINESS OR
1		AL RESIDENCE (IF NURSI TATE Md.	Bal	OTHER INSTITUTION, TY			134. INSIDE CITY LIMITS?	13e.STREE	ADDRESS /	ZIP CODE	Rd.	1030
	14.FA	EIDEY	M.	AIDOLE I	Brown tast				izabeth	1	Bruehl	
7												21136
	NO	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost DUE TO, OR AS A CONSEQUENCE OF (b) COTONOL CASTA CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF										
/	CERTIFICATION	190 DATE OF OPERAT	ION	196 CONDI	ITION FOR WHICH OPERATION WAS PERFORMED					IN CERTIF	YING CAUSES	OF DEATH?
	MEDICAL CERT	OR CONTRIBUTING C C (IF EITHER NOTIFY MEDIC 21d INJURY OCCURR WHILE NOT WHI	HOUR A P.: 21e. PLACE	M. MONTH DAY YEAR M. 19 DF INJURY 211 LOCATION				NATURE OF INJURY	IN ITEM IB F	PART I OR PART 2)		
	100	22a. I certify that (I) (this hospital) attended the deceased from								couses stated		
		22d. PHYSICIAN'S NA	ME (TYPE OR	C-	uber		00		11811		the sde	o no.
	23a B	URIAL, CREMATION, P SPECIFY). Burial	REMOVAL	Sept.	+,1987			C	IT OR TOWN	e, B	alto.	STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

Owings Mills, Md.

tery Balto. Md Sept.4,1987 Druid Ridge Cemetery

Capt. 8, 1987 E195		ахотб			
90	7, 1896	.401			
Montgonery Co.	2		.4.6	1	Maryland
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13501 Falls Rd. 21638		- alley	·;-20%	.07[-9-	
Identit - Stadaulia	TAK		mant -	•	Додого,
Ewing Drive rown Reisterstown, Md. 21136	Lester B	1 BGHH-3	ptrop add-		oli

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Supt.A.1935 Profes Sides Store Michaelli

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the funeral director, page 37

	STATE OF MARYLAND
FOR	DEPARTMENT OF HEALTH AND MENTAL HAGIE
- STATE REGISTRAR	CERTIFICATE OF DEATH

	REGISTRAR		CERTIFICATE OF DEATH	REG NO.				
7E	SISED NAME FIRST WALTER	P MIDDLE	BROWN	20 DATE OF DEATH MONTH	10 87 10 AM			
3 SE	Male	Black	5. DATE OF BIRTH MONTH DAY YEAR 3 2 3	6. AGE (IN YEARS LAST BIRTHDAY) 6. YRS.	IF UNDER 1 YEAR IF UNDER 74 HRS			
	Virginia	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	P BALTIMORE CITY OR COUNTY OF DEATH MONTGOMERY				
5	ilver Spring 40	1 I IF NOT IN SUCH FACILITY, GIVE STREET,	AYH162 Kla	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI	(FE) INDUSTRY			
13a 3	STATE OF MAN COUNT	TY TO 134. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS ZIP COD	1181. 20906			
14 F/	Pabert H	Bury Brow	15. MOTHER'S MAIDEN NA.	Y ELLA	LAST			
	NAS DECEASED EVER IN U.S. ARA YES, NO OR UNKNOWN) (IF YES, GIVE	WARD FORCES! 166 SOCIAL SECUL WARD ALES! 230-12-	-8364 INFORMANT W	Let Betty Bri	own- 45# 13			
	PART I. DEATH WAS CAUSED	E CAUSE (a)	onchapneus	abria	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH RELIGIOUS			
	Canditions, if ony, which gave rise to immediate couse (o), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	rovasculas a	cidents Vetes	26 years			
NOIL	rena	Insaffe	CONCY					
CERTIFICATION	19a DATE OF OPERATION	00	OPERATION WAS PERFORMED	YES NOW Y	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO			
MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	AY YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)			
MED	216 IN JURY OCCURRED WHILE NOT WHILE AT WORK	21& PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	ARM, ETC.) 21f LOCATION STREET	CITY OR TOWN	COUNTY STATE			
	sow the deceased alive an abave, (1) (we) (did) (did not	Jept 5 19		death accurred on the date and hai				
	22b SIGNATURE MANY 22d PHYSICIAN'S NAME (117F OR	Wadler	DEGREE ATTENDING PHYSICIAN 1220 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	220 DATE SIGNED 87			
0.7	MARVIN	WADLE	R 8218W1	SCONSIN A	V. BETH, Mal			

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR, After this certificate hos been signe should be detached for use as the buriol-transit permit. Then p with the State Dept. of Health and Mental Hygiene prior to bur

MPORTANT: If them 21 is morked or them 18 shows

George R. Snowden

9-16-87

Parklawn Mem.

Rockville, Montg. MD

20720

24 FUNERAL DIRECTOR

Burial

Rockville, MD20850

Park

STATE OF MARYLAND

067057 SEI	25	FOR STATE STATE			DEPART		EALTH AND	MENTAL HYG DEATH	REG.	NO NO	1 4	
	1. DE	CEASED NAME	FIRST		MIDDLE	ſ	AST		20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
. 3 89		BERNADE'	TTE		BARRETT		BRUEN		September	25,	1987	2:00 PM
6 6	3. SE	Х	4	RACE		S. DATE C	FBIRTH		6 AGE (IN YEARS LAST	BIRTHDAY	IF UNDER I YEAR	IF UNDER 24 HRS
- 8 95		Female		Whi	.te	Oct.	23	1911	75	YRS	MONTHS DATS	HOURS MIN
4 4 2 CM		IRTHPLACE (STATE ORF		L CITIZEN OF	WHAT COUNTRY	8	NEVED	MARRIED	9 BALTIMORE CITY	OR COUNT	Y OF DEATH	
1 1 05	W	est Virgin	ia	US	A	WIDOWE		NORCED	Montgo	mery		MD.
17:12 1	10 0	ITY OR TOWN OF DEA	TH 1	1. NAME OF	HOSPITAL, NURSII	NG HOME C		TITUTION	120 USUAL OCCUPA		125 KIND (OF BUSINESS OR
5 1 1 COC	G	ermantown		20332	Bondon 1	51017	Terrac	e	Admin. As			
1 1 11 1	13a	AL RESIDENCE (IF NURS	ING HOME OF O	THER INSTITUTION	GIVE RESIDENCE BEFOR	E ADMISSION)		CITY LIMITS?	13e STREET ADDRES	-		20874
		laryland	Mont		Germanto		YES [NO X	20332 Bea			
1 1		ATHER'S NAME		(DDLE	LAST		15 MOTHER	'S MAIDEN NA	ME			
1 11/11	V P	hillip	Jan		Barret	,	·Toa	nna.	WIDDLE		TI CO	rrv
# 2 C 3777	160	WAS DECEASED EVER	IN U.S. ARM	ED FORCES?	166 SOCIAL SECT		17 INFORM		ADD	RESS		-r-y
		YES, NO OR UNKNOWN)	(IF YES GIVE	WAR OR DATES)	220-34-3	3938	Joh	n Bruen	Same a	s #13		
SAL SAL SAL SAL		18 CAUSE OF DEATH	H Enter only	one cause pe	r line for tal, (b), ar	id ic	1	/	B 3 1 2 2		BETWEEN	ONSIN AND DEATH
The state of the s		PARTI. DEATH W	IMMEDIATE		1 Cest	inal	Dry F	aller	-		w	mediali
Mo the confined with confined		1		DUE TO, C	OR AS A CONSEQU	ENCE OF	1	11			,	
den den den		Canditions, if ony,	which	((b)_		Mur	1001	thus	w		14	7.
W. W. To the contract of the c	1	gave rise to imm cause (a), statin underlying cause	g the	DUE TO, C	R AS A CONSEOU	ENCE OF	/	//				
S. 201	z	PART 2 OTHER SIGN	HEICANT CO	ONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATE	D TO THE TERM	INAL DISEASE OR CO	NDITION GI	VEN IN PART 1	0
STATE OF THE PARTY	PICATION	190 DATE OF OPERAT	ION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERF	ORMED	20a AUTOPSY?		S, WERE FINDI	
2 2 2 2 3 7	15	63							YES NO	1	FYING CAUSES	NO T
11119	AL CERT	210 ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION MEDICAL CONTRIBUTION	AUSE OF DEATH		DF INJURY .M. MONTH D	AY YEAR	21t HOW II	NJURY OCCURE	RED (ENTER NATURE OF IN	JURY IN ITEM 18	PART OR PART 2)	
NO 54 113 8	MEDICAL	21d INJURY OCCURR		21e PLACE	OF INJURY		21f LOCAT		CITY OR		COUNTY	STATE
N OF THE P	2	ALHERX NOT WH	ILE 🗆	(AT HOME, ST	REET FACTORY, OFFICE	FARM ETC }	STREE	1	CITY ON	IOWN	COUNTY	STATE
TENDS AN ON VIEW ON VI		220 I certify that (I) saw the decease	(this hospite	SUM	1 19	87. on			to St. 19	date and ho	19.87.	that (we) lost
2 #154		obave, (1) (we) (d 22b. SIGNATURE	(did not)	view/the body	offer death		DEGREE					SIGNED
A Maria		The state of	1	Mon	ill			ATTENDING PHYSICIAN	MEDICAL ST	AFF		
THE PERSON /	1	22d. PHYSICIAN'S NA	WE INTERN	PRINTS			22e ADDRE	SS		0 181		
0 to 1		Dr. Free			_							
- E- E	23a.	BURIAL, CREMATION,	REMOVAL	23b. DATE				CREMATORY	23d LOCATION		COUNTY	STATE
BP		Burial		Sept.	28,1987 G	ate o	Heav	en	Silver	Spring	Mont.	Md.
DHMH - 16 60M 7/84	24 F	UNERAL DIRECTOR			ADDRESS	1-112		COLD O	REC'D. BY REGISTRA	RZSPREGIS	TRAPAGAGO	Mar
(VRA 15, 4)	M	uriel H. Ba	arber	La	ytonsvill	e. Md.		247 4	0 1981			

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			A March	

STATE OF MARYLAND

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066082 SEP 1	FOR SIAIE	DEPARTA	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	DENE /	
	BRESTRAR			REG NO.	
	ECEASED NAME FIRST PE OR PRINT! ROBERT	MIDDLE	Bryan. SR.	Sept. 10	287 1943 _M
10 00 13 3.5	EX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	FUNDER I YEAR IF UNDER 24 HRS
4 44	M	C /	12-16-21	65 YRS	DAYS HOURS MIN.
· 2 1 2 70.0	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNTY	OF DEATH
	MD.	U.S.	WIDOWED DIVORCED	Montgomery	MD.
型版表 10.0	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	G HOME OF OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	126. KIND OF BUSINESS OR
5 TW 52 X/	19 KOM9 Park	Mashinoton Ad	Ventist Hospital	Operating Engine	
	JAL RESIDENCE (IF NURSING HOME OF	STHER POTITUTION CAR RESIDENCE BEOM	ADMINISTRA N 13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE	20910
2 是 5 5	MD MAI	tq. SIVPIS	OCING YES NO	801 Equiley Str	ect liver Sping
· · · · · · · · · · · · · · · · · · ·	FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	ME MIDDLE	LAST
1 11/50	Walton	L. Bruan	Clarice	WIDDIE	Bond
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU		ADDRESS	<u> </u>
	Yes WW	TT 213-12-1	326 Roberta W. B.	ruan Wike Same	as 13
	7	ily ane cause per line far Ja), (b), an		cych wage sume	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSE	D BY	((00	Failure	3 mas
The state of the s	IMMEDIA	E CAOSC (O)	0		2 7.132
0 # # # # # # # # # # # # # # # # # # #	Canditians, if any, which	DUE TO, OR AS A CONSEQUE	· Alexander	· Luni Diseane	10yrs
9 9 9 9 9	gave rise to immediate)			
* 1 000 0 ×	cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	NCE OF		
200 med the 200 me	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	MNAL DISEASE OR CONDITION GIVE	N IN PART 1 (a)
No head	Strevoid	Musicathy	SEXIM SOVE TO THE TENT	in the original on containon one	
But There	190. DATE OF OPERATION		OPERATION WAS PERFORMED		WERE FINDINGS USED
m = 953 5 30 1 25				YES NOW YES	ING CAUSES OF DEATH?
	210. ACCIDENT WAS UNDERLYING		21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	RT T OR PART 2)
\$ 25 150 1/ X	OR CONTRIBUTING CAUSE OF DE.		19		
PHYSICU Friding p The certification of the certific	214 INJURY OCCURRED	21e PLACE OF INJURY	21f LOCATION	CITY OR TOWN	COUNTY STATE
Si de la serie de	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE, F	ARM ETC.	CHIOKIOWIN	2000
E S 4 10 1		tal) attended the deceased fram_	7/2 19.87		9 37 , that (we) lost
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	saw the deceased alive an	1) view the body after death.	and that in (my) (**) apinian	death accurred an the date and haur	and from the causes stated
AN WELL	22b. SIGNATURE	I A A .	DEGREE		224 DATE SIGNED
0 2 0 30 5	Clind	VVUms	M.D. ATTENDING PHYSICIAN I	MEDICAL STAFF DIRECTOR PHYSICIAN	9/13/37
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	274 PHYSICIAN'S NAME (TYPE	OR PRINT)	220 ADDRESS		
Day of the A	Alfred V	lunzer M.D	7600 Carr	1011 Avenue Tan	come Park Mal.

23c. NAME OF CEMETERY OR CREMATORY

23d LOCATION CITY OR TOWN

230 BURIAL, CREMATION, REMOVAL

DHMH - 16 60M 7/84 (VRA 15, 4)

Burial Sep. 16, 1987 George Washington
PARENT SERVICE
n. Adelphi Prince George's Md. 1250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

MPORTANT: If Item 21 is marked or Item 18 short

STATE OF MARYLAND

26729

0663	882 s	P	FOR 22-87 FRAR			FICATE OF DEATH	REG. NO	70 A		
0 3 3	death		CEASED NAME PIRST	19 A.	Buc	2K/ey	20 DATE OF DEATH	MONTH DA	× YEAR 87	1624 M
ge 4	urs off	3. SE	+ "	4. RACE	S. DATE MON	OF BIRTH H DAY - YEAR - 22 - 28	6 AGE (IN YEARS LAST BIRT		UNDER I FEAR	HOURS MIN
death. Po	260/		IRTHPLACE STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT	MARRI		MONT9	& COUNTY C	OF DEATH &	MD
the the		I	akoma Par K	Washing	ton Hav	entist 1105p.	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF TER CHEF		126 KIND OF INDUSTRY	F BUSINESS OR
in 24 hou	135	130	AL RESIDENCE (IF NURSING HOME O STATE 136 COU		IVERSION	138. INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE BIEK	ed .0	2090
ated with	8/50		JAMES W.			MARY E.	CONNOR		LAST	
be execu	s. Pages		NAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	22-22-727	John Buc	kley - hus	band		
ticate	event, th		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS)			esp. x a 7.21	45502		BETWEEN O	MATE INTERVAL INSET AND DEATH
	other froumatic		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	(b)	CONSEQUENCE OF	MCS 7002 2	457 cm Ymp	Ca Ca 24 4 .	82	9
edures	Then provided in jury, or	NOI	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIB	UTING TO DEATH BU	NOT RELATED TO THE TERM	INAL DISEASE OR CONE	ITION GIVEN	N IN PART 1:a	
The low roon.	sit permit.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION F	OR WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, YES, YES	WERE FINDIN NG CAUSES (GS USED OF DEATH? NO [
PHYSICIAN: T ending physici	ental Hy	MEDICAL CE	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	HOUR A.M. M	ONTH DAY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PAR	T 1 OR PART 2)	
ING PHY offer this	e os the bu	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJ	TORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	٧N	COUNTY	STATE
ATTENDI	of Health		220.1 certify that (1) (this hosp spw the deceased alive or above, (1) (westend) (did no	9/14	198/	nd that in (my) (aur) apinion		te and hour c		hpt (I) (we) lost auses stated
TAL OR y the ho	deroche tote Dep			2107	Tu.S	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	F IAN []	221. DATE S	
OSPI ed b	the Stote		22d. PHYSICIAN'S NAME (TYPE			220 ADDRESS	as has			

DHMH - 16 60M 7/84

BP

TO FUNERAL DIRECTOR

(VRA 15, 4)

State Anatomy Board

230 BURIAL, CREMATION, REMOVAL (SPECIFY) Removal

24 FUNERAL DIRECTOR

ADDRESS Balto

9-16-87

234 NAME OF CEMETERY OR CREMATORY

23d LOCATION

COUNTY

STATE

SEP 2 1 1987 Julia Danden Rudas

1	Leonvel, Bunting	
J	FOR STATE	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

6 2

45	SEP 30	87	REGISTRAR		CEKTIF	ICAIE OF DEATH	REG. NO).		4
			CEASED NAME FIRST	MIDOLE	.0	AST	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
9 9	to o	(14hF	COPRINTY /. E. MUE		E. F	Sporting	7	19 21	4 87	11:200
Poor	0	3. SE	The second secon	4. RACE	5. DATE C		6 AGE (IN YEARS LAST BIRTI	HOAY] IF L	JNDER TYEAR	IF UNDER 24 HRS
ctor.	o s		m	B	MONTH	DAY YEAR	39	YRS MON	ITHS DAYS	HOURS MIN
Pog dire	10/ / /		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8		9 BALTIMORE CITY OF		DEATH	
eoth.	1 2 2		sh., D. C.	USA	WIDOWE	D NEVER MARRIED DIVORCED	m	men	1	MD.
الم م	1 377		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	RSING HOME		120 USUAL OCCUPATIO		126 KIND O	F BUSINESS OR
\$ £	P 1/	M	d. /	Washington A	Adventis	t Hospital	ITYPE OF WORK FOR MOST OF Retired	WORKING LIFE)	Secre	t Service
hour I in b	رفر و		AL RESIDENCE (IF NURSING HOME O	PROTHER INSTITUTION GIVE RESIDENCE B		113d INSIDE CITY LIMITS?	12. STREET ADDRESS /	7ID CODE	Polic	e-000
24 filled	pluo /E		C.	Washir		YES K NO	412 7th St	reet, N	I.E.	4999
rehin	2 25	14. FA	THER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN NAM	ANDOLE		LAS	
m pa			Lemuel L.	Bunting		Lillian	MIDOLE	Walton	(A)	
ecut co	1/ 0 m		VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL S	SECURITY NO	17 INFORMANT	ADDRES			
9 e	A.H.D	No		579-6	64-0489	Mrs. Rosita	V. Bunting/	wife/sa	ime as	13e
ote k	147		18 CAUSE OF DEATH (Enter o	only one couse per line far (a), (b		~			BETWEEN	MATE INTERVAL ONSET AND DEATH
of the	0 0 0	1	PART I DEATH WAS CAUS	ATE CAUSE (0) RESALV	ratury	tailure			am	ionths
th ce	or o		Service Control	DUE TO, OR AS, A CONSE		10.0				
deo	fron		Conditions, if any, which	(16) Hodgl	Kin's I	Disease			र ,	1 cars
that the death	emo er tr		gave rise to immediate couse (a), stating the	DUE TO, OR AS A CONSE	EQUENCE OF					
thot d by	ol, co		underlying couse last	(10)						
gne	born by, o	7	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIVEN	IN PART 11	0
s ue	The Y	CERTIFICATION					1	Tan 15 MES 11	isos su la l	
low so be	Son S	\S	190 DATE OF OPERATION	196 CONDITION FOR WE	TICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, W		
The cion	gien de la company	Ē		D AN THIS OF BUILDIN		121 110111 1111111111111111111111111111	YES NOW	YES [NO 🗌
AN:	THY 18	_	218. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE	FATH HOUR A.M. MONTH	DAY YEAR	21s HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR	IN ITEM TO PART	T OR PART 2)	
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PHY	nd w	WED	WHILE I NOT WHILE I	21¢ PLACE OF INJURY (AT HOME, STREET FACTORY, OF	FICE FARM ETC)	STREET	CITY OR TOV	VN .	COUNTY	STATE
After at	olith o		AT WORK AT WORK	- h	Sant	22 10 87	- Seat o	19	87	- 0
TO TO	Hee			stel) attended the deceased from	1987	nd that in (m) joors apinion o				that () (we) lost
ATT	of of of on 2		obave (1) (did n	not view the body ofter death		DEGREE			224 DATE	
Ne h	F the	1	Deltrey M	Ciano		ATTENDING	MEDICAL STAF	F	Sept	
PITA Py ERA	\$ 5 K	1	214 USIAN'S NAME LITYPE	OR PRINTI		22e ADDRESS Suite 2	DIRECTOR PHYSIC		1 1	
P P P	84.6	1	Tomacy	M. CRANE				131010013	_aue_	
D# 5	413+	230	BURIAL, CREMATION, REMOVA		22. NAME OF	Rocku Rocku	1234 LOCATION	20050		
1600	101		(SPECIFY) Burial	9-29-87		y Memorial Pk		r.	OUNTY 1	Md. STATE
9-1	7	24 F	UNERAL DIRECTOR	, 2, 0,			E REC'D. BY REGISTRAR	25h REGISTRA	R'S SIGNAT	TURF
The state of the s	6 60W 7/84 15, 41			Co., 3015 12th	St. N.E	.,D.C. 20017	P 2 0 1087	Julia D	corder.	Randall
120.000		1					- 5 1501	V		

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DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFIC ATE OF DEATH

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REGISTRAR				CERTII	ICATE OF DEATH	H T	REG. NO		
I DECEASED NAME	FIRST		MIDDLE		LAST	20 DATE C	F DEATH MONTH	DAY YEAR	26 HOUR
(7/12/04/74/41)	Ruby		R.	Ви	rch	Septe	mber 18. 1	987	7:25A
3. SEX		4. RACE		5. DATE	OF BIRTH		YEARS LAST BIRTHDAY)	IF UNDER I YEAR	R IF UNDER 24 HRS
Female		Cauca	sian	Febr	uary 11,189	3 94	YRS	MONTHS BATS	HOURS MIN
Ta. BIRTHPLACE (STA	ITE OR FOREIGN	76. CITIZEN OF		VTRY? 8		- 9 BALTIMO	ORE CITY OR COUNT	Y OF DEATH	
Mississip	ni		USA	WIDOW	D NEVER MARRIED	- 11	aomeru		
10 CITY OR TOWN O			HOSPITAL, N	URSING HOME	OR OTHER INSTITUTION	120 USUAL	OCCUPATION		OF BUSINESS O
Olney			OMO HILL		Hospital		RK FOR MOST OF WORKING!		Uada
USUAL RESIDENCE I	F NURSING HOME OF	R OTHER INSTITUTION			110spriae				rnment
Maryland	Mont		13c. CITY OR		1134 INSIDE CITY LIMITS		ADDRESS / ZIP COD		20906
14 FATHER'S NAME	Pront	gomery	Silve	r Spring	YES NO I		Beaverbro	ok Cour	t #ZD
FIRST		MIDDLE	LAS		FIRST		MIDDLE	1/	AST
Reuben		В.	Robin		Mary		ADDRESS	Powe]	1
160 WAS DECEASED (YES, NO OR UNKNOW		VE WAR OR DATES)		SECURITY NO.	17 INFORMANT Dat		ADDRESS 169		
No			578-32	2-3086	Patricia B	. Peacoc	k Annapol	is, Md.	21401
18 CAUSE OF I	DEATH (Enter of	nly one cause pe			0	Annes	1-	BETWEEN	NIMATE INTERVAL NONSET AND DEATH
TAKT I. DEA		TE CAUSE (0)	Cari	aro y ar	manory	MARCI		1	nerse "
PART 2 OTHER WA, 199. DATE OF O 219. ACCIDENT W	GONGREDANT GONGRED PERATION	ere of	beet,	, Kenal	NOT RELATED TO THE TO ALCUMENT	ERMINAL DISEAS	FLOSILLOSILOSILOSILOSILOSILOSILOSILOSILOS	S, WERE FIND	INGS USED
E 8/28/	87	709	anky	Theron	bectony	YES 🗍	_/	IFYING CAUSE 'ES []	S OF DEATH?
2 la ACCIDENT W	AS UNDERLYING		OF INJURY	H DAY YEAR	21c HOW INJURY OCC	CURRED (ENTERN	ATURE OF INJURY IN ITEM IB	PART I OR PART 2)	
OR CONTRIBUTING	CAUSE OF DE	AIR	.M.	19		. 1			
(IF EITHER NOTIF	CURRED		OF INJURY	OFFICE, FARM ETC)	211 LOCATION		CITY OF TOWN	COUNTY	STATE
AALUITE N	AT WORK	(a) Home, S	THE THE COURT, C	MINE, FARM EIL)			- 1 -		
	at (1) (Nis-hosp	ital) oftended t	he deceosed f	from 57	24 , 198	7_, to	9/18	19 87	, that (II (we) la
saw the de abave. (1) (eceased alive or	ot) view the body	v ofter death	1987	nd that in (my) (aur) opin	nion death occurr	ed on the date and ho	or and from the	e causes stated
226 SIGNATUR		1			DEGREE	,		22c DAT	ESIGNED
	Olever	1/4	luces	1 hul	ATTENDIN PHYSICIAI	MEDICAL DIRECTOR	STAFF PHYSICIAN	9/	18/87
224 PHYSICIAN	I'S NAME (TYPE	OR PRIDE			22e ADDRESS			1	1
Olive	r Lawle	ss, M.D.	135.		3701 Rossmo	oor Blvd	. Silver S	prino.	Md. 209
230 BURIAL CREMAT	ION REMOVAL			230 NAME OF C	EMETERY OR CREMATO	RY 23d LOC	ATION	P-THE1	-14, 20)
(SPECIFY) Burial		Sep. 2	1,1987	Arlingt.	on National		ngton	COUNTY	rginia
24 FUNERAL DIRECTO	or Fran						REGISTRAR 256 REGIS		
					,Md.20901SF	D 2 0 400	7 6 K.	Jan Ban	delle .
200 011100	LULLY D	Tvu., N.	PITACI	PALTING	110.5020IDE	1 40 Y	JANAN MANA	The Later of the	

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	10.	
	CEASED NAME	FIRST	A	AIDDLE	1	AST	20 DATE OF DEATH		EAR 26 HOUR
	E ORPRINT)	TARRO		2	Bu	RDETTE	9	-1-8-	1 0046m
3 SE			RACE		S. DATE C		6. AGE (IN YEARS LAST BE		TYEAR IF UNDER 24 HRS
1	Male		Whit	e		. 2, 1914	73	YRS.	
7a B	IRTHPLACE (STATE)	OR FOREIGN	Th CITIZEN OF	WHAT COUNTRY	? 8.	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DEA	TH
	Maryland		US	SA.	WIDOWE		Montgo	mery Count	cy, MD
1	Rockville	DEATH		HOSPITAL, NURSI HFACHTY GIVE STREE 4 OROU		drother institution duentst Hos	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST Farmer	OF WORKING LIFE) INDU	IND OF BUSINESS OR STRY PLTY
13a.	AL RESIDENCE (IF N STATE Maryland	I Frede	TY	INE RESIDENCE BEFORE ISC. CITY OR TOV I jamsv	WN	13d INSIDE CITY LIMITS?	13. STREET ADDRESS 3056 Gree	/ ZIP CODE en Valley I	Rd. 21754
	ATHER'S NAME		V.100	LAST		15. MOTHER'S MAIDEN NA	ME		
U	Josi		AIDDLE	Burdette	9	Nellie	WIDDLE	Laws	SON
	WAS DECEASED EV	ER IN U.S. ARA		166 SOCIAL SEC		17 INFORMANT	ADDR	ESS	
	NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	218-30-	3986	Myrtle I.	Burdette,	Item 13	
	PART I. DEATH	ATH (Enter onl	y one couse per				A	BET	WEEN ONSET AND DEATH
	PARTI. DEATH		E CAUSE (o)	Carrie	gella	my expre	le	9	1/1/87
	Canditions, if a gove rise to i	ny, which	DUE TO, OI	R AS A CONSEQU	JENCE OF	la accilent,	MI, Com	na 8/	128/87
	couse (o), sto		DUE TO, OF	RAS A CONSEOL				19	iars - 1985
NO	PART 2. OTHER SI	GNIFICANT C		ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR COM	NDITION GIVEN IN PA	RT Iro
CERTIFICATION	190 DATE OF OPE	RATION	19%. CONDI	TION FOR WHICH	H OPERATIO	NOWAS PERFORMED	YES NO	206. IF YES, WERE FIN CERTIFYING CA	
//	21q. ACCIDENT WAS OR CONTRIBUTING [CAUSE OF DEA	144	M. MONTH D	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	JRY IN ITEM 18 PART I OR PA	RT 2)
MEDICAL	WHILE NOT AT WORK	URRED WHILE WORK	71e PLACE (OF INJURY EET, FACTORY, OEFICE,	EARM, ETC	211 LOCATION STREET	CITY OR TO	AUO) NWC	NIY STATE
				/.	17	nd that in (my) (our) opinion	death accurred on the c	late and hour and tro	, mor (ii (we)sest
	276 SIGNATURE	tean	Selve	yes mo		DEGREE ATTENDING PHYSICIAN S	MEDICAL STA	17.2	DATE SIGNED
	PRTHUN		POENGOL	>		9715- ME	BIEMEN	- On Rock	Lulle MS
	BURIAL, CREMATIO (SPECIEY) Buria		Sept.3			emetery or Crematory ant Hill	23d LOCATION CITY OF TOWN Monrovia	, Frederi	ck, Md.
24 F	offin L.	Moles		A Doress	ascus,		P 4 1987		CHATURE

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FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

57 c	EP 15	107	REGISTRAR		CERTIFI	CALE OF DEATH	REG. NO.								
11-3	CL 12		CEASED NAME FIRST	MIDDLE	LA	st	20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR						
ge 3		(19PI	Clara	М.	Byr	ıd	September 6	. 1987	7:10 PM						
a d		3 SE	Χ	4 RACE	5. DATE OF		6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS							
ge 4		F	emale	Caucasian	Sept.	15. 1897	89	rRS.	NOURS MINE						
Pod gir	21	$\overline{}$	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	8		9 BALTIMORE CITY OR CO	UNTY OF DEATH							
erol 72	J. 7	Su	Kolk. Va.	U.S.A.	WIDOWED	NEVER MARRIED DIVORCED	Montgomery		MD.						
fun fun	9		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	NG HOME OF	ROTHER INSTITUTION	120 USUAL OCCUPATION		OF BUSINESS OR						
ofte ed v	13/)	Ko	nsington	Kensington Gard	LONA NI	ursina Home	Farmer	(INDUSTRY							
aurs in b	2	USU	AL RESIDENCE HE NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BEFOR	RE ADMISSION)			0.005							
24 h	35		ryland Mont	gomery Silver S	Spring	13d. INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP 10929 Bucknel	el Drive	20902						
tely 2 sh	/ Lie /	_	THER'S NAME			15. MOTHER'S MAIDEN NA									
d w	5	1		mith Hollar	nd	Texanna	C.	Hollar	nd						
l con	dicol /	16a \	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SEC		17 INFORMANT	ADDRESS	7.0000	-						
Pogo	medi	(YES, NO DRUNKNOWN) (IF YES, GIV	E WAR OR DATES)		Mary L. Ware	Same as 13								
TE D	÷		18 CAUSE OF DEATH (Enter or	nly one cause per line for (o), (b), a	nd (c).)			APPRO	XIMATE INTERVAL N ONSET AND DEATH						
Hico	1		PART I. DEATH WAS CAUSE	ED BY: TE CAUSE (0)	edi	or arre	of								
0.00			IMMEDIA		EMCE OF A	10.									
\$ N. 180			Conditions, if any, which	DUE TO, OR AS A CONSEQU	Price	phullal	- Com								
	12		gave rise to immediate cause (a), stating the	(6)		0	1.								
to 45	othe		underlying couse last.	DUE TO, OR AS A CONSEQUENCE OF											
a pla	0 0		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:											
sign sign	o in	N N	Chronic	restriction) Jen	lemany	بمعدمان								
bee mit.	any and	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATION	WAS PERFORMED		IF YES, WERE FIND							
he le on. has	ows /	1 8					YES NO	YES	NO []						
ysic:	8 sh	i iii	210. ACCIDENT WAS UNDERLYING		NAV VEAD	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN IT	M 18 PART I OR PART 2)							
Clat ph priffi	E J	14	OR CONTRIBUTING CAUSE OF DE	AIH	19										
ding ding	y A	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY		211. LOCATION	CITY OR TOWN	COUNTY	STATE						
G Pr	ked	X	WHILE NOT WHILE AT WORK	LAT HOME STREET, FACTORY, OFFICE,	FARM, ETC)	ZIKEEI	CHTOKIOWN	Coon	JIAIC						
O P	mor			ital) attended the deceased from		19 8	0 10 SEDT 6	19 87	, that (I) (we) last						
TEN OF OF US	e H		saw the deceased alive or	sept 19.	(>-7	d that in (my) (our) opinion	death accurred on the date on	id hour and from the	e couses stated						
RECT RECT ed f	E .		22b. SIGNATURE	ot) view the body after death.		DEGREE		22c. DAT	'E SIGNED						
the I	# #		Let	in 8. 1. Dies	en 2	ATTENDING PHYSICIAN	MEDICAL STAFF	9.	6-87						
PITA by ERA	AN AN	4	224 PHYSICIAN'S NAME (TYPE	OR PRINT)		22e. ADDRESS	Z DIRECTOR THISICIANT								
etained TO FUNE should be	MPORTANT:		Arthur S. Bres	for M. D.		10881 Lackwa	od Dr. Silver	Spring 1	Md. 20901						
Or of or of o	3 3	73e	BURIAL, CREMATION, REMOVAL		NAME OF CE	METERY OR CREMATORY	23d LOCATION	Cp. Co. cg , in	20.00						
BP			Burial			Family Cemet	ery Subholk	COUNTY	Va.						
		24 F		s J. Collins J		75e. DA1	E REC'D. BY JEGISTRAN 256. R	EGISTRAR'S SIGNA							
DHMH - 16 60 (VRA 15,		50	O University Bl	vd., W., Silver	Spring	Md. 20901 9	19 187								
		100			1										

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

poge 3			CEASED NAME FIRST GEOR	GE M. M.	BY	R D	20 DATE OF DEATH MO SEPTEM BE 6 AGE (IN YEARS LAST BIRTHO)	ER 22	2-1987	26 HOUR 8 AM IF UNDER 24 HRS.	
offer			Male	Caucasian	Nov	♥. 30, 1909	77	YRS	THS DATS	HOURS MIN.	
	20	To BIR	RTHPLACE (STATE OR FOREIGN	U. S. A.	MARRII WIDOW	NEVER MARRIED DIVORCED	Montgome:		DEATH	MD	
by the lifed with	20		ockville	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET SHADE FOREST	ING HOME	OR OTHER INSTITUTION	12a USUAL OCCUPATION	VORKING LIFE)	26 KIND OF	F BUSINESS OR an Bank	
of the second	彭	USUA 13875	AL RESIDENCE (IF NURSING HOME OF	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE TO THE COMMENT OF THE C	DRE ADMISSION		131STRETIADPRESS AT	A PALL	venue	e, 2085	
17	1		Robert L. By:	ra, Jr.		Ether's Maiden NAME	Maddox		LAST		
	ING.		NAS DECEASED EVER IN U.S. AR	rmed forces? 166 SOCIAL SEC 577-07		. 17 INFORMANT	Address H. Byrd (Sai				
g physical ramoval.	LATT		PART I DEATH WAS CAUSE	only ane cause per line for (a), (b), a SED BY: ATE CAUSE (a) Requisity		med			Min W	MATE INTERVAL DINSET AND DEATH	
by the attendary to remark carl cremation, or	A CX		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUENCE (b) Approved to DUE TO, OR AS A CONSEQUENCE CAN	in Pm	eumina betruthre Pulmmony	disease		Hours		
hen pled her pled to burio	JIC.	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO			1	TION GIVEN I	- 4		
has been property		TIFICAT	19a DATE OF OPERATION								
mothern mothern	TO S	10	218. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE.	HOUR A.M. MONTH D	DAY YEAR	R P	RRED (ENTER NATURE OF INJURY II	IN HEM IS PART I	ORPART 2)		
ter this is a series of the this series of the this series of the this series of the third the t	Sport of		21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE.	, FARM, ETC)	211 LOCATION STREET	CITY OR TOWN	4	COUNTY	STATE	
TOR At fer years of Health	ARE E		22a. I certify that (I) (this hosp sow the deceased alive an	prial) attended the deceased from, 2) 2) 19_	63	and that in (my) (and opinion	, ta 9/22 deoth accurred an the dote	e and hour an		that (I) (we) lost couses stated	
AL DIREC defoched one Depri	CLE		226. SIGNATURE	phonem			MEDICAL STAFF DIRECTOR PHYSICIA	AN 🗆	22c DATES	1	
D FUNER hould be	APORTAN		BYRL O. JOX	HUSON		711 N. Russe	Il Ave. Gaith	herrbrag	,nd.	20879	
251	_	Bu	BURIAL CREATE OF ACTUAL UT I'al	9-25-1987 N	Manas	ssas Cemeter	23d LOCATION CITY OF TOWN Manassas		OUNTY	/irgini	
1 - 16 60M	A 7/84	24. FU	uneral director de la		Carr SH.D.		TE REC'D. BY REGISTRAR 25	1 .		Pandage	

YEAR A

1 - STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH

669	42 :	SEP 2	130/1	ASED NAME	FIRST		MIDDLE	NA F	LAST		20. DATE KNO	WN X MONTH	DAY YEA	R Ph HOUR
	200	/	3 SEX	I4 D		Alia 5 DATE OF BIRTH	There		Carbor		DEATH MAT	ED 9-	10 1101	
I	Z S S S S S S S S S S S S S S S S S S S	2			riental	7-11-119	61 YEAR 26 BI	RTHDAY) MONT		UNDER 24 HRS	PRONOUNCED DEAD	9-19		12:0
	JUNERALD FOR YOU	7		RITIPINES)R	76. CITIZEN OF WE United	States	8 MARR WIDOW	IED NEVER	R MARRIED X		CITY OR COUN	TY OF DEATH	
	AY IS PAGE 5	V		Gilver Sp		LIF NOT IN SUCH FAI	PITAL, NURSING HE	OME, OR OTH		IZe US	UAL OCCUPATION MOST OF WORKING LE	ON (TYPE OF WORK	Ounty ORINDU Bankir	STRY
.21201	2, AND 3 TO RETAIN P HOULD BE	3	13a. S N	aryland	113b COUNT	other institution, Given y omery	13c. CITY OR TOW Silver	Spring	13d. INSIDE CITY L		REET ADDRESS 220 East	-West Hi		20710
BALTIMORE, MD. 2120	DEATH.	30		Rolando	Eld.	MIDDLE	Carbone		Let:	icia	WIDDLE		Liboon	
ALTIMO	AFTER I	-/	16a V	ONO, OR UNKNOWN	ER IN U.S. ARM	VAR OR DATES	214-94-		Brenda		1 3906 I	DRESS Harrison	Rd. Be	eltsvil
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., B	JTED WITHIN 24 HOURS IN PENCIL IN ITEM 18. C EXAMINER ALONG WITH ALL - TRANSIT PERMIT. P.	N, OR REMOVAL	IS CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) PARTIDEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BUE TO, OR AS A CONSEQUENCE OF Conditions, it only, which gove rise to immediate cause (a) stating the underlying couse last. DUE TO, OR AS A CONSEQUENCE OF											ATE INTERVAL
AL RECORDS, 2	BE EXECUINDING" AFDICAL I	CREMATIC	CERTIFICATION	PART 2 OTNER SIGNIFI		ONTRIBUTING TO DEATH I	NOT RELATED TO THE						20 AUTOPS	SY?
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Na	TO MEDICAL EXAMINER: THIS CER EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNCTOR: PAGE 3 SAFED PAGE 10 MECTOR: PAGE 3 SAFED PAGE 14 WITH THE STATE FOR		W	WHILE AT WORK AT WORK AT AT WORK AT A AT WORK AT A AT WORK AT A AT WORK AT WOR	at I look charge	af the remains desc	or FARM, ETC.) cribed above, held a		Homicide	ospectian Undet	Inquiry	County, and in my of	Maryla	and —
	EXECUT PAGE 4 TO FUN	BALLT	23a. Bl	EXAMINER'S NAM (TYPE OR PRINT) JRIAL, CREMATION	Mal 1	O F. GOL	23c NAME OF	CEMETERY O	R CREMATORY	123d LC	Street,			
07/84 25M	BP			fial NBA PRIGO		9-24-1987	George Powder Mi		ngton Ce		Telphi, Y REGISTRAR [25]	P.G. COU		Mar.
	DHMH - I (VR A15 ME			NAMOTICALU.	DOI gwai'd	Be Itsv	ille, Md.	2070	5 5	SEP 25	1987 4	ulia David	or Road	A.

	de de	The Parties	2
0.1	TO HOSPITAL OR ATTENDING PHYSKCIAN. The low requires that the death certificate be executed within 24 hours after de retained by the haspital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the oils drill provide and campletely filled in by the fun should be detached for use as the buriol-transit permit. Then please remon combanables is got 1 bad 2 should be filled within with the State Dept. of Health and Mental Hygiene prior to burial, cremation are manual.	IMPORTANT: If them 21 is marked or them 18 shows any injury, or other train the results and designment may be notified or
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TIM	pe e	200	1/
BAI	cole	101	K
IST.	certif	d Bu	1)
TO	to th	500	1
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	he de	emo mot	r frai
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	TO HOSPITAL OR ATTENDING PHYSICIAN The I retained by the hospital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the offine physical should be detached for use as the buriol-transit permit. Then please remove combanance with the State Dept. of Health and Mental Hygiene prior to burial, cremating a permittent	POR
	o te	T 4s	3-

	1-	FOR STATE REGISTRAR			DEPAR	TMENT OF H	E OF MARYLAND EALTH AND MENTAL H' ICATE OF DEATH	rGIENE 8	REG. NO.	67	3 0
7 2 SEP 15	I DEC	OR PRICARR	o LL		NARD	CAR	lisle	20 DATE OF D	PEATH MONTH 9-3 RS LAST BIRTHDAY)	16 UNDER I YEAR	11 45 M
s offer	3.557	Male		Whi	te	Ju	y 17, 1935	52	YRS	MONTHS DAYS	HOURS MIN.
nerol dire		ATHPLACE (STATE OR FO	reign 7	U.S.A	WHAT COUNTR	Y? 8 MARRIE WIDOWE	DEVER MARRIED DIVORCED	9 BALTIMOR	Montgom		MD.
by the fu		Rockville	<	3hade	HOSPITAL, NURS	EET ADORESM	entist His	P TYPE OF WORK	CCUPATION OR POST OF YORKING CETTED		of Business or ner
filled in could be most be	M	aryland	Mont	gomery	Give residence before the Caither	Sburg	136 INSIDE CITY LIMITS?	1780	odress / zip cod		ad 20877
ompletely Sed 2 st		THER'S NAME James	ñ		Car	lisle	15. MOTHER'S MAIDEN N		MIDDLE ta		rry
he execution of the same of th	16a V	VAS DECEASED EVER II	U.S. ARM	NED FORCES?	217 32	2 21 63	Elaine Lewis	s(daughte	ADDR 7501] r) Gaithe	ersburg,	Md.20877
equires that the death certificate in signed by the arrest of the please remained to burial, cremation of mineral injury, or other trains all	NOI	Conditions, if any, gave rise to imm couse (01, stating underlying cause	which ediate the last.	DUE TO, O (b) DUE TO, O (c)	R AS A CONSEC Cau R AS A CONSEC	DUENCE OF	Cuty described to the TE	RMINAL DISEASE	OR CONDITION G	73	ONSET AND DEATH
The low retron.	CERTIFICATION	19a DATE OF OPERAT				CH OPERATIO	N WAS PERFORMED		NO IN CERT	ES, WERE FINDI IFYING CAUSES YES	
OR ATTENDING PHYSICIAN E hospital or attending physic DIRECTOR, After this certificate ched for use as the buriot-trons Dept. of Health and Mental Hyg Hem 21 is marked or hem.] 8 si	MEDICAL CE	21g. ACCIDENT WAS UNDID OR CONTRIBUTING CO (IF EITHER NOTHY MEDIC 21d. INJURY OCCURR WHILE WHILE AND WHILE AT WORK 270. I certify that (I) saw the decease abave, (I) (we) (d 27b. SIGNATURE)	AUSE OF DEAT ALEXAMINER) ED (this hospited of olive an _	P. 21e PLACE (AT HOME STI	M. MONTH M. OF INJURY REET FACTORY OFFICE de decegsed from	19 CE FARM ETC)	211 LOCATION STREET 19 nd that in (my) (our) aprint DEGREE ATTENDING	n death occurred	CITY OR TOWN	COUNTY 19 24	state that (I) (we) lost e causes stated E SIGNED
TO HOSPITAL (retoined by the TO FUNERAL E should be detain with the State E IMPORTANT: If	22. (224 PHYSICIAN NA	is F	REDA		2. NAME OF	PHYSICIAN 220 ADDRESS	SHADY GE		Pochul	Q
BP		BURIAL, CREMATION, I		9/8/8			emetery or cremator wn Memorial	Park CITY C	Rockville	e, Maryl	and STATE
DHMH - 16 60M 7/B4 (VRA 15, 4)		JNERAL DIRECTOR T. 331 Rockvi						FD 44 C	GISTRAR 255-REGI	STRAR'S SIGNA	

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1 - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGENE
CERTIFICATE OF DEATH

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6.00	~	-		- 4
	A 10.25			

BY REGISTRANT SIGNATURE

07 REGISTRAR		CLKIII	CATE OF DEATH	REG. NO			
PECEASED NAME FIRST HARRIE	T O.		RMODY	THE DITTE OF DEPARTS	987 25 HOUR 7:28A N		
SEX	4. RACE	5. DATE C	PF BIRTH		IF UNDER 1 YEAR IF UNUER 24 HRS		
FEMALE	CAUCASIAN	MONTH		91 YRS	MONTHS DAYS HOURS MIN		
a. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	DUNTRY? 8.	_	9 BALTIMORE CITY OR COUNTY	OF DEATH		
NORTH CAROLINA	USA	WIDOWE	DINEVER MARRIED	MONTGOMERY	M		
O. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL	, NURSING HOME C	- 625	12a USUAL OCCUPATION	126 KIND OF BUSINESS O		
SILVER SPRING	10700 AMHER	RST AVENUE		SALESPERSON .			
USUAL RESIDENCE (IF NURSING HOME OF	NTY 13c CITY	ORTOWN	134. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CODE			
	TGOMERY SILV	VER SPRING		10700 AMERST AV	ENUE 20902		
14 FATHER'S NAME FIRST	WIDOLE	LAST	15. MOTHER'S MAIDEN NA	ME	LAST		
JOHN	OF	RZALI	ANN		WYATT		
60 WAS DECEASED EVER IN U.S. AF		TAL SECURITY NO.	17 INFORMANT	ADDRESS			
(YES, NO OR UNKNOWN) (IF YES, GI	578-	-28-3089	NANCY WALLEY	/DAUGHTER SAME A	S 13		
18 CAUSE OF DEATH (Enter of	aly one couse per line for to	o), (b), and (c),1			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
PART I. DEATH WAS CAUSE	D BY: TE CAUSE (o)	HEART	FAILURE		Davisslopka		
IMMEDIA					V		
Conditions if you which	DUE TO, OR AS A CO	MALIGEN	ANT CAL	HEXIA	3 months		
Conditions, if ony, which gave rise to immediate			AN CIT	HEATT	3 1/10////3		
couse (a), stating the underlying cause last	DUE TO, OR AS A CO		ecinoma 1	Right Orophatin	x 9 years.		
PART 2 OTHER SIGNIFICANT	141			AINAL DISEASE OR CONDITION GIV	EN IN PART Tro		
Z OF OPERATION	196 CONDITION FO	R WHICH OPERATIO	N WAS PERFORMED		S, WERE FINDINGS USED		
February 198	7 Carcinom	a Right	propharyna		S NO		
OR CONTRIBUTION CALLER OF DE	11000 4 44 440		21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 P	PART I OR PART 2)		
4 (IF EITHER, NOTIFY MEDICAL EXAMINE		19					
OR CONTRIBUTING CAUSE OF DE CA	(AT HOME, STREET, FACTOR		211 LOCATION STREET	CITY OR TOWN	COUNTY STATE		
22 a. I certify that (I) (this hosp	ital) attended the decease	ed from Febra	1044 1987	10 September	19 57 that (I) (we) los		
sow the deceased alive or above, (I) (we) (did) (did no	9/11	1 1987 .01		death occurred on the date and hou	r and from the couses stated		
276 SIGNATURE OS it	-Shah		DEGREE ATTENDING	MEDICAL STAFF	276 DATE SIGNED 9/14/87		
224 PHYSICIAN'S NAME (TYPE	OR PRINT)		22e ADDRESS	DIRECTOR PHYSICIAN	1 ./		
AJIT SHAH			7610 CARROLI	AVE. #240 TAKOM	A PARK, MD 209		
23a BURIAL, CREMATION, REMOVAL	23b DATE	23c NAME OF C	EMETERY OR CREMATORY	23d. LOCATION			
BURIAL	SEPT16,1987	7 ADT THOT	ON NATL CEM	ARLINGTON	COUNTY STATE		

FRANCIS J. COLLINS JR.

500 UNIVERSITY BLVD. W SILVER SPRING, MD 20901

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1-	FOR STATE GISTRAR			DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	IEÑE REG. N	0 1	() C	
	SED NAME	FIRST		MIDDLE	ŧ	AST .			AY YEAR	25 HOUR
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70 BIF	RTHPLACE (STATE ORI	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY O		OF DEATH	
	hington, I		U.S	5.A.	WIDOWE		mont	gom	PRV	M
	Olney		Montgon	nery Gener	ADDRESS)	or other institution spital	126. USUAL OCCUPATION (TYPE OF WORK FOR MOST O Presser	NC	126 KIND C	F BUSINESS OF
USUA 130 S	L RESIDENCE HE NURS	36 COUN	OTHER INSTITUTION	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Washingto	N	13d. INSIDE CITY LIMITS?	136 STREET ADDRESS / 2230 13th		9	9999
14 FA	THER'S NAME		WIDDLE	1457		15. MOTHER'S MAIDEN NAM	AE .			
	George		W.	Carr Sr		Charlotte	WIDDLE		Ragland	
	AS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE			
117	Yes	W.W.		578 09 28	337	Betty Carr, Wi	fe,2230 13t	h Str	set. N.	. W.
	PART I DEATH W	AS CAUSE	D BY		4.0					MATE INTERVAL
		IMMEDIAT	E CAUSE (a)	SUBDEN C	ARDIO	PULMONARY	ARREST			ONSET AND DEATH
	Canditions, if any gave rise to improve (a), statir underlying cause	nediate ig the last	(c)_	TERMINI DR AS A CONSEQUE ONTRIBUTING TO	ENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVI	EN IN PART 1	0
CATION	19a. DATE OF OPERA	TION	196 CONE	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		, WERE FINDS	
E				5216			YES NO			NO 🗆
CAL CE	210, ACCIDENT WAS UN OR CONTRIBUTING [] (IF FITHER NOTIFY MEDI	CAUSE OF DEA	TH HOUR A	OF INJURY M. MONTH DA M.	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PA	ART I OR PART 2)	
MEDI	21d INJURY OCCUR	HLE 🗀		OF INJURY TREET, FACTORY, OFFICE, F	ARM ETC	21f LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	220.1 certify that (1) saw the deceas above, (1) (we) (ed alive an	SEPT	EUBER 190	7.0	nd that in (my) (our) opinion (ta, tadeath accurred an the d	ate and hour	and from the	that (I) (we) last causes stated
	22b. SIGNATURE	<	W	- com		MB ATTENDING PHYSICIAN	MEDICAL STA DIRECTOR PHYSIC	FF IAN 🗌	22c DATE 9/	SIGNED
	JR. 0507			AGUL		774 AJ ARL			ETHE.	SDA, MI
	URIAL, CREMATION, SPECIFY) Buris					Memorial Par	23d LOCATION CITY OF TOWN Landove:	P.G	·Cty.	Maryland
	Ernest Jan	rvis (30., I	c. 1432 Y	ou St	reet, N.W. SER	23 1987	he. So	widon-	and the

DHMH 16 60M 7/84 (VRA 15, 4)

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by the funeral director, page filed within 72 hours after dea

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

26739

- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.
6087 ASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH DAY 1987 26 HOUR
VERA	С.	CELLA	September 30, 7P M
3 SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHOAY) IF UNDER 1 YEAR IF UNDER 24 HRS.
Female	Caucasian	Dec. 9, 1896	90 YRS
To BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	Y? 8 MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH
New York	United States	WIDOWED (X) DIVORCED	
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	SING HOME OR OTHER INSTITUTION	
Rockville	Shady Grove Ad	lventist	Homemaker . Own Home
USUAL RESIDENCE (IF NURSING HOME (TS? 130 STREET ADDRESS / ZIP CODE
	gomery Potoma		
14. FATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDER	
Eugene	Garritan	no Marie	
160 WAS DECEASED EVER IN U.S. A		CURITY NO. 17 INFORMANT	ADDRESS
(18 YES, C	213 74	5174 Andrew J.	Cella Son same as iem 13
18 CAUSE OF DEATH (Enter	only one couse per line for (a), (b),		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUS	SED BY:	ula collas	O :
IMMEDI	ATE CAUSE (a)		
Conditions, if any, which	DUE TO, OR AS A CONTER	TUENCE OF YOUR LAND	
gave rise to immediate	(b) COV C		
cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEC	DUENCE OF .	
PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	O DEATH BUT NOT BELATED TO THE	TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
	Ille Occult	Moliguran	TERMINAL DISEASE ON CONDITION ON ENTIRE TO THE TAKE TO
19a DATE OF OP RATION 21a. ACCIDENT WAS UNDERLYING	The CONDITION FOR WHIC	CH OPERATION WAS PERFORMED	200 AUTOPSY? 206 IF YES, WERE FINDINGS USED
DE			YES NO X YES NO NO
210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY OC	CCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
0.0000000000000000000000000000000000000			
(IF EITHER NOTIFY MEDICAL EXAMIN	P.M.	19 211 LOCATION	
WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFIC	E, FARM ETC) STREET	CITY OR TOWN COUNTY STATE
	pital) attended the deceased from	10 /	70 to 9-30 19.87, that (i) (we) lost
saw the deceased alive o	9-30 19		inian death accurred on the date and hour and from the causes stated
above, (1) (we) (did) (did i	nat view the body after death.	DEGREE	774. DATE SIGNED
1)00.44	IN TO	MA ATTENDIN	NG MEDICAL STAFF // -/ C)
22d. PHYSICIAN'S MAME (TYPE	OR PRINTI		AN DIRECTOR PHYSICIAN (0)
Days	Hd 6 Bucc	220 ADDRESS VEIR	is will led Nockville
7001			
730 BURIAL, CREMATION, REMOVA	0 " ××× -	NAME OF CEMETERY OR CREMATO	CITY OR TOWN COUNTY STATE

etained by the hospital

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and cample should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 ago with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other troumotic

morked or them 18 shaws ony

MPORTANT: If Item 21 is

2, 1987 St. Gabriel's Cemetery ROCKVILLE, INC. 300 West Montg. Ave. Rockville

Potomac, Maryland

BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Dendern Pardell

estra Denie Carrier

067899

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1	0.0	REGISTRAR		CERTII	0	- 1			
1	DOR	EASED NAME FIRST	N	AIDDLE	LAST 1	20 DATE OF DEATH	MONTH DA	AY YEAR	26 HOUR
	(119)	TRE	De.	F., CA	KKO11		9/3	0187	2 P N
1	3. SEX		4 RACE	S. DATE		6 AGE (IN YEARS LAST BIR		FUNDER I YEAR	IF UNDER 24 HRS
	900	temale	IVA	ite 8	180AY 24	63	YRS	ONINS DAYS	HOURS MIN
200		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	D NEVER MARRIED	1 HALTIMORE CITY	R COUNTY	OF DEATH	
		OUNTRY) NNSYLVANTA	USA	A WIDOW		1000190	MERG		MC
7	ii.cn	TYOR TOWN GEDEATH		OSPITAL, NURSING HOME		170 USUAL OCCUPAT		176 KIND C	F BUSINESS OR
	50	WER DORING	HOLV	H FACIOTY, GIVE STREET ADDRESS!	SSITAL	HOUSEWIFE	WORKING LIFE)	INDUSTRY	
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5	11000	1000	GOMERY	SILVER SPRIN	TISE INSIDE CITY LIMITS?	9306 2ND A		20910	
7		THER'S NAME			15 MOTHER'S MAIDEN NA	ME	ZENUE		
91		HARRY	MIDDLE	LERCH	TDA	MAY		COLL	RAWARE
	Iáa W	AS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECURITY NO	17 INFORMANT	ADDR	ESS	GUUI	XAWARE.
		ES, NO OR UNKNOWN) {IF YES, G	IVE WAR OR DATES)	578-10-0816	TAMES T CAT	DROTT /CON/C	AME AC	1.2	
	14	18 CAUSE OF DEATH (Enter o	ali, and source par		JAMES J. CAR	KKULLI SUNT SI	AMP. AS		MATE INTERVAL ONSET AND DEATH
		PART I DEATH WAS CAUS	ED BY:	0 :	and and			0	hours
	7	2/ IMMEDIA	ATE CAUSE 10)	LALMONARY M	spiration				1601 3
		06/0	DUE TO, OF	R AS A CONSEQUENCE OF					
		Conditions, if ony, which gove rise to immediate	/ (b)	> pamboo 3	ngestion				
		couse (o), stoting the underlying couse lost.	DUE TO, OF	R AS A CONSEQUENCE OF					
			(1c)						
	NO	PART 2 OTHER SIGNIFICANT		DNTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	ainal disease or con	DITION GIVE	N IN PART 1	0
2	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206 IF YES,	WERE FINDE	NGS USED
7	TIE					YES NO	YES		NO [
5	CER	710 ACCIDENT WAS UNDERLYING	LICITO A		21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	IRY IN ITEM 18 PA	RT 1 OR PART 2)	
4	AL	OR CONTRIBUTING CAUSE OF DI	LAIN .						
	MEDICAL	214 INJURY OCCURRED	71e PLACE	OF INJURY	211 LOCATION	CITY OR TO)WN	COUNTY	STATE
9	Z	WHILE NOT WHILE AT WORK	TAT HOME STR	REET FACTORY OFFICE FARM, ETC.)	214EE.		,,,,,		JIHIL
/		22a. I certify that (I) (this has	oital ottended the	e deceased from Augus	+ 21 19 87	to September	+3C 1	150	that (It (we) lost
0		sow the deceased olive o obove, (I) (we) (did) (did n	n gertem	bes 30 19 8 +	and that in (my) (our) opinion	deoth occurred on the d	ote and hour	and from the	couses stated
7		276. SIGNATURE	1 Dich)	DEGREE			22c DATE	
		Mich	the	3	MD ATTENDING	MEDICAL STA	FF CIAN [9-:	30-87
/		274 PHYSICIAN'S NAME (TYPE			122 ADDRESS	-			M 0 3.0
		MICHAEL	SCHING	LER	1100 ph.	ing street.	silver :	sprid	ind soul
	730 B	BURIAL, CREMATION, REMOVA			CEMETERY OR CREMATORY	1234 LOCATION			
	(SPECIFY)				CITY OR TOWN	DDTM	COUNTY	STATE
	24. FL	BURIAL JNERAL DIRECTOR TRANS	OCT3,1		NCOLN CEMETERY	TE REC'D. BY REGISTRAR	25h REGISTR	AR'S SICIONI	
4		O HATTURD OTTOX D		OLLINS JR.	TOO OCCUPANT		die Deur	don't la	The same of

DHMH - 16 60M 7/84 (VRA 15, 4)

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should be detoched for use os the buriol-tronsit permit. I with the Stote Dept of Health and Mental Hygiene priar TO FUNERAL DIRECTOR. After this certificate has

IMPORTANT: H Hem

500 UNIVERSITY BLVD W SILVER SPRING, MD 20901

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00T 07 1987 / A. Julian P. O. Company

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DEPARTMENT OF HEALTH AND MENTA CERTIFICATE OF DEATH

MEVICA WIDOWED

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTIO

CARDIOPULMONARY

ACUTE MYO CARDIAL

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

166 SOCIAL SECURITY NO

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

HOUR A.M. MONTH DAY YEAR

(AT HOME STREET FACTORY OFFICE FARM ETC.)

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO TH

216 TIME OF INJURY

21e PLACE OF INJURY

PETRICK

9-18-87

236 DATE

	EALTH AND MEI		ENE	REG. NO)				
Ĺ/	\S1	1	20 DATE OF		MONTH	DAY	YEAR	26 HOUR	
CH,	AMBER	5			9	10	87	12:20	1PM
5. DATE O	F BIRTH		6. AGE (INY	EARS LAST BIRT	THDAY)		RIVEAR	IF UNDER 74	
MAI	7.	1919	6	8	YRS	MONTHS	DATS	HOURS	MIN.
MARRIED			BALTIMO	RE CITY O	RCOUNT	Y OF DE	ATH RY		
	R OTHER INSTITU		120 USUAL O	OCCUPATE OR MOST O	ON F WORKING		KIND OF	BUSINES	MD.
SEFORE ADMISSION)	KN 1137	HUS	0. 4	0438	WITE		-	0	-
	13d INSIDE CITY YES N		760	0 1 1	ZIP COL	· And	e Cy	1008	77
	15. MOTHER'S M	E / P	annu	MIDDY	RO	91	LAST		
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of opula	00011	A	res	-	104	-	APPROXIVEEN O	MATE INTERVA	
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TO DEATH BUT	NOT RELATED TO	THE TERMI	NAL DISEAS	E OR CON	DITION G	IVEN IN	PART No		
HICH OPERATION	N WAS PERFORM	ED	200 AUTO	NOW NOW	IN CERT	ES, WERI	EFINDIN	GS USED OF DEATH	?
DAY YEAR	21c. HOW INJUI	RY OCCURRI	D (ENTER NA	TURE OF INJUI	RY IN ITEM 18	PARTIOR	PART 21		
FICE FARM ETC]	211 LOCATION			CITY OR TO	WN	co	YTAU	51A	†E
19 87, on	d that in (my) (au	ır) apınion d		d an the do	ote and ha	. 19		hat (1) (we auses state	
		ENDING	MEDICAL	STAI		27	G/II	IGNED 197	
	12e ADDRESS / Y 8 0 8					ROCK	2114	EMA)
230 NAME OF C	EMETERY OR CRE	MATORY	23d LOC/	TION					

death ofte VIIO 00, or Herr morked O FUNERAL DIRECT hould be detached forth the State Dept. or MPORTANT BP

I. DECEASED NAME

4 FATHER'S NAME

IYES, NO OR UNKNOWN)

TTYPE OR PRINTE

FIRST

BERYL

JUYAR

ISTATE OR FOREIGN

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 130 STATE 136 COUNTY

16g WAS DECEASED EVER IN U.S. ARMED FORCES

Conditions, if any, which gave rise to immediate couse (0), stating the

underlying cause lost

19a DATE OF OPERATION

71d INJURY OCCURRED

226. SIGNATURE

MHILE NOT WHILE AT WORK

PATRICIA

Burial

230 BURIAL, CREMATION, REMOVAL

210. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER)

DIABETES

I LIF YES GIVE WAR OR DATEST

IMMEDIATE CAUSE (a)

220 I certify that (I) (this haspital) attended the deceased from saw the deceased always on 1/10 obove, (1) (we) (did) (did not) view the body after death

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY

MIDDLE

THE CITIZEN OF WHAT COUNTRY

B

DHMH - 16 60M 7/84

24 FUNERAL DIRECTOR (VRA 15, 4)

CERTIFICATION

George R. Snowden

Rockville, MD 2085 SEP

Resthaven Mem.

CITY OR TOWN Frederick, Gdns

Fred.

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STATE OF MARYLAND **CERTIFICATE OF DEATH**

66309 SEP 22	87	FOR STATE REGISTRAR			DEPA		EALTH AND MENTAL HYG	IÉNE	REG. NO		
noy be poge 3		CEASED NAME OR PRINT)	Tch	Lia	MG	Cha	K.C	2e. DATE C	OF DEATH MONTH	DAY YEAR	9 40 AM
rector, pursofter	3. SE	Male		_ , ,	ental		BER 8, 1908	79 YRS. MONTHS DAYS			IF UNDER 24 HRS
death. Pe	d	RTHPLACE (STATE OR FO		USA WIDOWER				MONTGOME		RY C	O · MD.
201	BETHESDA			111. NAME OF HOSPITAL, NURSING HOME OF SUPERINTY, GIVE STREET ADDRESS! SUBBLICATION OF RESIDENCE BEFORE ADMISSION).			- (179		126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) CHEMIST 126. KII		OF BUSINESS OR
thin 2	13s S MA	AL RESIDENCE (# NURS# STATE RYLAND Z (THER'S NAME	136 COUN	GOMERY	ROCKV	OWN ILLE	13d INSIDE CITY LIMITS? YES NO 1		ROLLINS AV	E #404	20852
MARY omplete		TIN-BEE		AIDDLE	CHAI		TSÜ-GU	VIL	WIDDIE	CHÂ	
TIMORE, be executed on ond constant of con	16a V	VAS DECEASED EVER II (ES NO OR UNKNOWN) NO		MED FORCES? WAR OR DATES]	439-19		WAYNE H. CHA	ANG	PRINCETON		08550
ST., BAL intrincore g physicia on poper emavol.		PART I. DEATH WA		y one cause per BY: E CAUSE (o)	March	LO AV	lmoray 1	1/100	8	APPROX BET WEEK	CHIST AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSICIAN: The low require this certificate be executed within 24 After this certificate has been significant that the burial-itronsis permit. Then been significant without physician and completely fill the activity of the burial-itronsis permit. Then been entered the propers. Pages 12 and 2 shall than Amental Hygene prior to be made continued with medical examines worked or item 18 shows only injury, or other troumatic event, the medical examines work to acked or item 18 shows only injury, or other troumatic event, the medical examines work to acked or item.		Conditions, if ony, which gave rise to immediate couse (a), stating the underlying cause last DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF S/ KO (1/8) S									
PRDS, 26 requirensigners signers or to be controlled to the contro	NOIL		rela	rolase	ina	nec	NOT RELATED TO THE TERM				
TAL RECO	CERTIFICATION	19a DATE OF OPERAT				IICH OPERATIO	N WAS PERFORMED	YES [NO IN CERT	ES, WERE FINDI IFYING CAUSES (ES]	NGS USED S OF DEATH? NO
SION OF VITAL PHYSICIAN: The ending physicio this certificate the te buriol-tronsit ad Mentol Hygie d or item 18 she d		218. ACCIDENT WAS UNDE OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTR	AUSE OF DEAT	P./	M. MONTH M.	DAY YEAR	21c. HOW INJURY OCCURI	RED (ENTERN	NATURE OF INJURY IN ITEM TB	PART I OR PART 2)	
DIVISION DING PHYSI or ottending After this of e os the burn olith and Mer	MEDICAL	214. INJURY OCCURRI	LE 🗍	21e PLACE (OF INJURY IEET, FACTORY, OFF	ICE, FARM ETC)	211 LOCATION STREET	1	CITY OR TOWN	COUNTY	STATE
TEND itol o OR: J or use f Heol		22a.1 certify that (1) (saw the decease above, (1) (we) (di	d alive an	0//	1	\$ X/1. or	d that in (my) (our) opinion	death occur	red on the dote and ha		
0 = 0 0 7		226. SIGNATURE	an	103	dyll	Par/	ATTENDING PHYSICIAN	MEDICAL DIRECTO	STAFF	22c. DATE	SIGNED
TO HOSPITAL TO FUNERAL should be det with the Store		224. PHYSICIANS NA.	1 d B	PRINT)	han,	Min.	27. ADDRESS	Keir	3 Kull o	Leas le	Hesto M
BP		CREMATION		SEPT4,	1987	METROPO	emetery or crematory)LITAN CREMAT(EXANDRIA		IRGIÑÍA
DHMH - 16 50M 1/81 (VRA 15, 4)		DEFAL DIRECTOR UNIVERSI	FRANC TY BL	IS J. C VD. W S	OLLINS IVLER S	JR. PRING,	MD 20901 SEP	1 4 19	REGISTRAR 256 REGIS	TRAR'S SIGNA	URE

SEP 14 887 ... Little Bullet

STATE OF MARYLAND

	1	FOR			EALTH AND MENTAL HYG	IENE ,		
067522 DCT -	D'8	STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	-67	4 4
001022 30.	1. DE	CEASED NAME FIRST	MIDDLE	į.	AST .	20 DATE OF DEATH		YEAR 26 HOUR
eoth 3	(TYPE	ORPRINT) MARY	E.	CHANEY	· .		9 19 9	87 1945 \$
الم	3 SE	(4 RACE	5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDER	TYEAR IF UNDER 24 HRS
ge 4 r	100	Female	BIA	CK JUD	e 30 1896	91	YRS	DATS HOURS MIN.
20 Pg 7	70 BI	RTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT	COUNTRY? 8		9 BALTIMORE CITY O	R COUNTY OF DEA	TH
nerol 2		Md.	4.5	A . MARRIEI	D NEVER MARRIED DIORCED	MONTO	BOMER	24 MD
in the second	10 CI	OR TOWN OF DEATH	11. NAME OF HOSPIT	AL, NURSING HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATION		IND OF BUSINESS OR
ied to the contract of the con		ockville	Shady 6	///	entist Hosp.		wite	
ND 212 24 hou Suid be		AL RESIDENCE (IF NURSING HOME O		THOR TOWN	138 INSIDE CITY LIMITS?	13e STREET ADDRESS /	ZIP CODE -	20871 Rd
YLA thin	14 FA	THER'S NAME	9.	July	15 MOTHER'S MAIDEN NA	ME	COLLINGE	2.710
MAR ed w		FIRST JOHN	MIDDEW. DO	RSEY	"Jul,	A MOO	RE	(AST
MORE,		VAS DECEASED EVER IN U.S. AF		7-34-1417	Phoebe De	orsey (daug	7 /	ne As#13
AL THE STATE OF TH		IB CAUSE OF DEATH (Enter o	nly one cause per line (a	r to), (b), and (c), (1 1	AF.	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
ent,		PART I. DE ATH WAS CAUSI	ED BY		RREST			30 min.
TSI Cev		IMMEDIA	TE CAUSE 10)	711				74,74
PRESTON re-de-li-		DESCRIPTION AND	DUE TO, OR AS A	CONSEQUENCE OF	PULMON AR	Y EMBOL	1.040	6 hours
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tho the least least of o			((c)			<u> </u>		
DS, 2	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIB	BUTING TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONE	DITION GIVEN IN PA	AR1 1:0
OR red	CATION	TA SATE OF OPERATION	Tunk CONIDITION	FOR WHICH OPERATIO	ALWAS DEDECORATED	I 20a AUTOPSY?	206 IF YES, WERE I	EINDINGS HEED
REC.	2	190 DATE OF OPERATION	198. CONDITION	FOR WHICH OPERATIO	IN WAS PERFORMED	200 AUTOF311		AUSES OF DEATH?
	CERTIFI				4	YES NO	YES 🗌	NO 🗌
X 5 0 0 1 8 8		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		IRY MONTH DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM TO PART I ORP	ART 2)
SICIAL SICIAL Physics physician phys	18	HE EITHER NOTIFY MEDICAL EXAMINE		19				
ION Indian I has a	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJ	TORY OFFICE FARM, ETC !	211 LOCATION	CITY OR TO	wn cour	NTY STATE
DIVISION NG PHYS after this of os the bur th and Me th and Me or the divident the source or the divident the source of the divident the divident the source of the divident the dividen	E	WHILE NOT WHILE AT WORK	TAT HOME STREET, PAC	TORT OFFICE FARM, ETC.		/		
Or Or Af		22s.1 certify that (1) (this back	attended the dece	ased from	19 8	7,10 9/19	. 19	, that (we last
TTEN Portol for u		saw the deceased alive as abave, (1) (did) (did)	n 9 119	19 X7, or	nd that in (my) (array apinion	death accurred on the do	ste and have and fro	om the causes stated
has has hed hed hed hed		226. SUSTRATURE	/		DEGREE		220	DATE SIGNED
AL DAL DAL DAL DAL DAL DAL DAL DAL DAL D		Cell.	Achou	as .	MD ATTENDING PHYSICIAN	MEDICAL STAF	IAN 9	119187.
SPIT NER De c Sto		224 PHYSICIAN'S NAME (TYPE	OR PRINT)	-	22e ADDRESS	0		
HOS ouned ould by th the		Carl 1. So	choenberry	د ر	4701 Ka	ndolph Ro	1. Rock	ville
0 g 5 % 3 \$	22. (TIPLAL COCALATION PERIODIC	1 100 0 475	22. NAME OF C	CALETERY OR CREAT ATORY	1224 LOCATION		

DHMH - 16 60M 7/84

(VRA 15, 4)

George R. Snowden

9-23-87

Burial John Wesley 24 FUNERAL DIRECTOR

CEM. Clarksburg, Montg. MD

25a Date Rec'd By REGISTRAR 256 REGISTRAR'S SIGNATURE

50 SEP 23 1987 fulls Decider. Reduce

Rockville, MD 20850

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGINE CERTIFICATE OF DEATH

267 45

REGISTRAR		CER	TIFICATE OF L	EAIN	REG. NO.			
1. DECEASED NAME	FIRST /	MIDDLE	LAST		28 DATE OF DEATH MONTH	DAY	YEAR	2b. HOUR
Control of the contro	mb - I	E. C	nastain		09	30	87	4 - 1 5 AMM
3 SEX	The mace	5 D/	ATE OF BIRTH		6. AGE (IN YEARS LAST BIRTHDAY)	IF UN	NDER I YEAR	
Female	White	2	7 15	o ⁴	83	RS.	HS DATS	HOURS MIN.
To BIRTHPLACE (STATE OR	FOREIGN 76 CITIZEN OF	WHAT COUNTRY?	RRIED NEVER		9 BALTIMORE CITY OR CO	JNTY OF	DEATH	70.00
North Car	olina US	3 A		VORCED	Montgomery			MD
10 CITY OR TOWN OF DE		HOSPITAL, NURSING HO	ME OR OTHER INS	-	120. USUAL OCCUPATION			OF BUSINESS OR
Olnev		HEACHITY, GIVE STREET ADDRESS			C & P Tel	epho	ne R	Retired
	SING HOME OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE ADMISS	ION)			,	1/10	306
Md.	Mont	13c. CITY OR TOWN	13d. INSIDE C	NO [3445 S/Le	isur	e Wo	orld Bly
14 FATHER'S NAME				S MAIDEN NA				
Hugh	L .	Peden	Sara	F#ST A	MIDDLE		Ha	inig
160 WAS DECEASED EVER	IN U.S. ARMED FORCES?	166 SOCIAL SECURITY N		NB641	S. Leisure	Worl		Id.
N/A	(IF YES, GIVE WAR OR DATES)	577 01 10		1	liamson(Sis	ter)	S.S	S.Md.
	H (Enter only one cause per			1 7	1	T	APPROX	ONSET AND DEATH
PART I. DEATH V	VAS CAUSED BY	Con lie	Mart	1	mut		GETWEEN	ONSET AND DEATH
	IMMEDIATE CAUSE (0)	1 1 0 1	1	*	1101		1	- 27 1 14
Conditions, if any	111 118	RAS A JONSEQUENCE C	CALCIN	ma 7	Corebal Edan	A.	100	202
gove rise to im	mediate	to the same the	***	U-1/1 ==	0.77	4	17	7
cause (a), stati		r as a consequence of	OF			11/2		
PART 2 CITHER SIG	NIFICANT CONDITIONS CO	ONTRIBUTING TO SEATH	BUT NO RELATED	TO THE THRM	MINAL DISEASE OR CONDITION	N GIVEN I	N PART 1:	
	work tu	(antinio	mila.	No	1 . A	OIV EIV II	1	4
A STIP DATE OF OPEN	TION 196 CONDI	TION FOR WHICH OPER	ATION WAS PERFO	RMED				NGS USED
III.					YES TI NOT	ERTIFYING	3 CAUSES 1	NO [
218 ACCIDENT WAS UN			21c HOW IN	JURY OCCURE	RED (ENTER NATURE OF INJURY IN ITE		ORPART 2)	
	CAUSE OF DEATH	M. MONTH DAY Y	EAR 19					
QUE EITHER NOTIFY MED			211 LOCATIO					
WHILE NOT W	HILE AT HOME, STR	EET, FACTORY, OFFICE, FARM, ETC	STREET		CITY OR TOWN		COUNTY	STATE
22a certify that ()	- Contract -	deceased from	tolla la	10 8	10 Seater / Su	30 100	10	that the way last
saw the decease		195		(our) opinion	death occurred on the date an	d haur and	d from the	causes stated
27k 519 AATURE	did and not the body	after death.	DEGREE				22c. DIATE	SIGNED
Den.	· House	100		ATTENDING (MEDICAL STAFF DIRECTOR PHYSICIAN [Ska	180
224 PHYSICIAN'S N	AME INTO CONTACT	4412	77e ADDRES		DIRECTOR PHYSICIAN [1201	
136. HTA	mis Harpi	And I ail	18/11	Paristo	While de C	her	mi	20+32
73a. BURIAL, CREMATION	REMOVAL THE DATE	No IN IN	1/0 [Milhor	Thursday on	1	1 1.6	WIL
Burial	10/3		OF CEMETERY OR	CKEMATORY	23d LOCATION CITY OR TOWN		UNIT	N. J.
24. FUNERAL DIRECTOR	11000		r Hill Ave.S.S	. 25a. DAT	Suitland	P	G	Md.
NAME MALE TIME TOR	11000	ADDRESS	Md.	Da. DAI	E REC'D, BY REGISTRAR 14	A TH	E dell'	Pendallo
MINLE	3 MINALLY 1	Home	rid .	1063	1076 100/		100	

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

DHMH - 16 50M 1/81 (VRA 15, 4) STATE OF MARYLAND

REGISTRAR 256 REGISTRAR'S SIGNATURE

The same and the s

Land Comment Come Alexander Substitute State Comment Come

Item 16b, Film G632 10-23-87 dw 7 - FOR per funeral home REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2	6	7	47	,
. 13.			1 1	1

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

while Baridson Pandage

- 1								REG. NO				
-1		OR PRINT	FIRST		MIDDLE	1	LAST	20 DATE OF DEATH	MONTH ,	DAY YEAR	26 HOU	
1		9	lui			Ch	ubo		7 0	18 87	10:0	OP M
1	3. SEX			4 RACE	11	S. DATE		& AGE IN YEARS LAST BIRT	HDAY)	IF UNDER 1 YEAR	IF UNDER	24 HRS
1	I	'emale		Asian		NOVE	ember 16, 1891	95	YRS	MONTHS DATS	HOURS	MIN
7	7e BIF	RTHPLACE ISTATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	2		9 BALTIMORE CITY O		Y OF DEATH		
		hina		United	States	WIDOWE	D NEVER MARRIED DIVORCED	Montgomer	y Co	unty,		MD
)	1	Rockville		13013 M	largot Dri	LVE	OR OTHER INSTITUTION	120. USUAL OCCUPATE (TYPE OF WORK FOR MOST OF Laundress		12b. KIND (INDUSTRY Laund		SS OR
1	13e S	AL RESIDENCE (IF NURS	136 COUP		GIVE RESIDENCE BEFORE 134, CITY OR LOW ROCKVII		134 INSIDE CITY LIMITS?	130. STREET ADDRESS 13013 Marc	ot D	rive / :	20853	
1	14. FA	THER'S NAME FIRST	not a	vailable	LAST		15. MOTHER'S MAIDEN NA	not aväila	ble	ŁA	51	
1		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE				2.0
	(1	NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	542-14-7	959	Mrs. Dorothy	F. Low, Day	ighte	r, Same	as #	13
	NO	Conditions, if ony gave rise to immocouse (o), stoth underlying couse	mediate ng the last	(b) DUE TO, O	R AS A CONSEQUE R AS A CONSEQUE ONTRIBUTING TO CO	NCE OF Elect	be carden NOT RELATED TO THE TERM LETTERS	coular of	lisee DITION G	IVEN IN PART II	0	
2	CERTIFICATION	190 DATE OF PERA	TION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERT	ES, WERE FINDI IFYING CAUSES (ES		H?
	MEDICAL CER	210. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER NOTIFY MED 21d INJURY OCCUR	CAUSE OF DE	HOUR A. P. 21e. PLACE	M. MONTH DA M. OF INJURY	19	211. LOCATION	RED (ENTER NATURE OF INJUR		(OUNTY	s	TATE
	2	WORK NOT W	HILE D	(AI TOME SI	REET, FACTORY, OFFICE, F.	ARM, EIL J						
		220. I certify that (I) (this haspitol) attended the deceased from May 1985 to 1143 1987, that (I) (this haspitol) attended the deceased from May 1985 to 1143 1987, that (I) (the saw the deceased alive on 1987), and that in (my) (our) opinion death occurred on the date and hour and from the causes stong obove, (I) (we) (did) (did not) view the body after death. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN										
/		Wilhe	MIHA	CAMI			220 ADDRESS 49	chuille 4	0 2	0853		15
		BURIAL CREMATION	, REMOVAL				cemetery or crematory n Memorial Par	rk Rockville		COUNTY	aryla	ind

THE FUNERAL DIRECTOR Robert A. Pumphrey Funeral Home,
NAME ROCKVILLE, Inc.
300 W. Montgomery Avenue, Rockville, ND 20850

DHMH - 16 50M 1/81 (VRA 15, 4)

O FUNERAL DIRECTOR

MPORTANT, II IN

00T 0.2 1987

requires that the death certificate be executed within

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FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HEGIENE CERTIFICATE OF DEATH

6

REGISTRAR						REG. NO			
(NE OR PRINT)	F HR ST	MIDDLE	LAST			20 DATE OF DEATH	HINOM	OAY YEAR	26 HOUR
	Evelyn	R.	Cla	gett		September	5. 1	987	5:22 DI
3. SEX		4 RACE	5. DATE OF E	BIRTH	YEAR	6. AGE (IN YEARS LAST BIR	THDAY}	MONTHS DAYS	HOURS MIN
Fema1	e	Caucasian	Apri	1 18,	1903	84	YRS	MOINTS DAYS	MIN.
. BIRTHPLACE (ST	TE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8 MADDIED	☐ NEVER M	APPIED T	9 BALTIMORE CITY O	R COUNT	Y OF DEATH	
Maryland		United States	WIDOWED	X DIV	ORCED	Montgome	ery C	ounty	N
O CITY OR TOWN	F DEATH	11. NAME OF HOSPITAL, NURSIN		OTHER INST	ITUTION	12a USUAL OCCUPATI			OF BUSINESS O
Gaithers	burg_(Wilson Health		enter		Nurse			rate Du
Maryland	NURSING HOME OR 13b COUN Mont	other institution, give residence before ITY 13t. CITY OR TOW gomery Gaither	sburg	d. INSIDE CI	NO [401 Russ	zip cor e 1 1	Avenue	/20878
14 FATHER'S NAME		MIDDLE LAST	15		MAIDEN NAA	AE MIDDLE		14	LST
Heath	E	· Butt			berta			Chapm	
160 WAS DECEASED	EVER IN U.S. AR	WAR OR DATECT		INFORMAL		ADDRE	3 ^s Br	adento	n Cour
(AE NOOL PHINO)	(# 123, 011	577-44-	5913 1	Evely	n C. M	Maxwell G	aith	ersbur	g, MD
PART I. DE	TH WAS CAUSE	ly one couse per line for (o), (b), on D BY: E CAUSE (o)	Larra	scul	or II	ventos	ĵ	BCTWEET	XIMATE INTERVAL LONSET AND DEATH
Candisian	- List	DUE TO, OR AS A CONSEQUE		1 5	Terin	vale mani			
Conditions, i	immediate	(6)	an of	4 04	0-0-0				
couse (01, underlying		DUE TO, OR AS A CONSEQUE	ENCE OF						
PART 2 OTHE	SIGNIFICANT	ONDITIONS CONTRIBUTING TO I	DEATH BUT NO	OT RELATED	TO THE TERMI	NAL DISEASE OR CON	DITION G	IVEN IN PART 1	lo lo
SIO VCCIDENT A	PERATION	19b. CONDITION FOR WHICH	OPERATION \	WAS PERFO	RMED	20a AUTOPSY?		ES, WERE FIND	
III I						YES NOXX		YES [NO [
210. ACCIDENT V		216. TIME OF INJURY		1c. HOW IN.	JURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM TO	PART (OR PART 2)	
OR CONTRIBUTION	CAUSE OF DEA	in I	19						
CIFEITHER NOTH	CURRED	21R PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F		II LOCATIO	N	CITY OR TO	WN	COUNTY	STATE
WHILE AT WORK	AT WORK	(AL HOME STREET, FACTORT, OFFICE, F	ARM ETC)					- At	
22a.1 certify t	at (1) (this hospi	tal) attended the deceased from_			, 19 70	10_ 9-5		. 19 8	, that (II (we) to
sow the c	eceosed olive on	1) view the body ofter death.	87, ond	that in (my)	(our) opinion o	leath occurred on the d	ate and h	our and from th	e couses stated
22b. SIGNATU		1.00	DE	GREE		Towns or the		27c. DAT	E SIGNED
l d	Jonole	1 L Bucu	N	10 1	TTENDING PHYSICIAN L	MEDICAL STA		9-	5-87
22d. PHYSICIA	S NAME (TYPE O	R PRINT)		Te ADDRES	5,	. 1/11	^	1) 11-	
Y DON	+ld [BUCY SNJON	es	809	Vellas	MillRd	Ro	cRuille	
73. BURIAL, CREMA	ION, REMOVAL	23h September 23c	NAME OF CEN	VETERY OR (REMATORY	23d LOCATION			
Buri	a1	10 1987 Ro	ckvil:	Le Ce	metery	Rockvi	11e,	Mary1	and STATE
24 FUNERAL DIRECT	OR Robert	A. Pumphrey Fur	eral H	ome/	25a DATI	REC'D. BY REGISTRAR	25b. REGI	STRAR'S SIGNA	
NAME	KOCKVI	The Toc. 300 MEME	st Mon	gomer	SEF	1 4 1987 /	dia 1	Tundern-Re	ndalle

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

ID FUNERAL DIRECTOR: After this certificate has been signed that the build-transit permit. Then plan the thin time Dept. of Health and Mental Hygiene prior to byrea.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

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24 hours ofter

death certificate

requires that the

TO HOSPITAL OR ATTENDING PHYSICIAN, The low retained by the haspital or attending physician. FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG	NO.

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I D				REG. NO	
,,,	DECEASED NAME SOMME	vel E.	Clark e	20 DATE OF DEATH	7 - 25 - 87 2330
3 5		B/ACK	5. DATE OF BIRTH NOV. 6. 1914	6 AGE (IN YEARS LAST BIRTH	DAY) IF UNDER LYEAR IF UNDER 21 HRS. MONTHS DAYS HOURS MIN. YRS
3-30	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR	COUNTY OF DEATH
5 /	ROCK VILLE	11. NAME OF HOSPITAL, NURSI Shady LPOVE Add	ING HOME OR OTHER INSTITUTION IT ADDRESS) ENTEST HOSP	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	IN NORKING LIFE) 128 KIND OF BUSINESS OF
130	1114.	ONG. 13k off or 10	NILE 138 INSIDE CITY LIMITS?	13e.STREET ADDRESS /	ZIP CODE Alls Rd.
51	FATHER'S NAME FIRST JOAN (MANKE LAST	15 MOTHER'S MAIDEN NA	RY E, 1	Roctor
o medico	WAS DECEASED EVER IN U.S. AI	RMED FORCES? 166 SOCIAL SEC VE WAR OR DATES) 2/7-0	9-5245 NINA H.	Clarke (u	ite) same 45 #3
event, th	PART I. DEATH WAS CAUSI	nly one couse per line for (o), (b), o ED BY TE CAUSE (o)	210 pulmonary	arres	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
r troumatio	Conditions, if ony, which gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUENCE	tastatic 1)	rostate c	arer
rothe	underlying cause last	DUE TO, OR AS A CONSEQU	Monic Leuk	PM1a	
y. 0	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIVEN IN PART LID
injury, o		CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	NINAL DISEASE OR COND	ITION GIVEN IN PART 110
iows ony injury, o			DEATH BUT NOT RELATED TO THE TERM	200 AUTOPSY? YES NO	1710N GIVEN IN PART LO 170b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
tem 18 shows ony injury, o	19a DATE OF OPERATION	196. CONDITION FOR WHICE 216. TIME OF INJURY HOUR A.M. MONTH [200 AUTOPSY? YES NO	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
MEDICAL CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICE 216. TIME OF INJURY HOUR A.M. MONTH [DAY YEAR 19 211. HOW INJURY OCCUR	200 AUTOPSY? YES NO	206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO NIEM 18 PART 1 OR PART 21
-/ /	19a DATE OF OPERATION	21b. TIME OF INJURY HOUR A.M. MONTH [P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	H OPERATION WAS PERFORMED 210. HOW INJURY OCCUR 19 211 LOCATION 5186ET	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJURY CITY OR TOW	206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO NOTE: NO NOTE: NO NOTE: NO NOTE: NO NOTE: NO NOTE: NOTE: NO NOTE:
If hem 21 is marked or hem 1	19a DATE OF OPERATION	19b. CONDITION FOR WHICH	DAY YEAR 19 216. HOW INJURY OCCUR 19 211 LOCATION 518EET , ond that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJURY CITY OR TOW	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
# hem 21 is marked or hem 1	19a DATE OF OPERATION 21d, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	19b. CONDITION FOR WHICH	DAY YEAR 19 216. HOW INJURY OCCUR 19 211 LOCATION 5186ET , 19 , ond that in (my) (our) opinion DEGREE ATTENDING	260 AUTOPSY? YES NO CITY OR TOWN CITY OR TOWN death accurred on the dot	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
MPORTANT: If New 21 is morked or New 1	19a DATE OF OPERATION	21b TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE 21b Time of injury (AT HOME STREET, FACTORY, OFFICE 21c PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE (AT HOME STR	DAY YEAR 19 216. HOW INJURY OCCUR 19 211 LOCATION 518EET , ond that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	760 AUTOPSY? YES NO CITY OR TOW CITY OR TOW TO DIRECTOR PHYSICI. PAGE OCCUPY OR TOWN	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

George R. Snowden

ROCKVIIIe,

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENT

		1-	STATE REGISTRAR			UE		FICATE OF DE			REG. NO.		~ 1)
6697	42 SEP 28		CEASED NAME OR PRINT)	FIRST	Ruth	C. C	• 0	Lubb b	b	20. DATE OF DE	ATH MONTH	1587	8 PM
100	8.0	1. SEX			4 RACE	15/5	5. DATE	OF BIRTH	YEAR	6. AGE (IN YEARS	LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
10 %	17	-	Fernal	e	Wh	rite	Sep		893	94	YRS		
-	42 02		OUNTRY)	OREIGN	76 CITIZEN OF	WHAT COU	NTRY? 8.	D NEVER MA	RRIED -	9. BALTIMORE	CITY OR COUN	TY OF DEATH	
6 1	12 /6		Penna.		U.S		WIDOW	EDXX DIVO	RCED	Montg			MD.
	11 201	18 CT	TY OR TOWN OF DEA	TH	11. NAME OF	HOSPITAL I	E STREET ADDRESS)	OR OTHER INSTITU	da Md	12a USUAL OCK	CUPATION R MOST OF WORKING	12b. KIND C INDUSTRY	OF BUSINESS OR
10 10	11 10	The same	etheada	1	Carrio	ge Hil	1 & Beth	osta: Zo	0814	Audit	or .	US G	ovit.
ND 212	12/16/1	HSUZ IJa S	L RESIDENCE (IF NURS)	13b. COUP		13c. CITY O	E BEFORE ADMISSION R TOWN hesda	134 INSIDE CITY	LIMITS?	13e STREET ADD	RESS / ZIP CO	DE ane/2081	4
YLA White	12.17	MyFA	THER'S NAME	33-51				15. MOTHER'S M	AAIDEN NAM	NE.	70.		
AAR D	47 Ab/	1	Henry		MIDDLE	Schw	inn	Ma:	rtha		C.	Tron	
RE.	/		AS DECEASED EVER		MED FORCES?		L SECURITY NO.	17. INFORMANT		139 11	ADDRESS S	nelburne	, VT
TIMO	80 d d	()	ES NO OR UNKNOWN)	{IF YES, GIV	E WAR OR DATES)	577	-01-2183	Irma R	ich, T	he Terr	aces E-	35, Rt.	
BAL	1017		18 CAUSE OF DEATH	H (Enter on	ly one couse pe	/	,		1			BETWEEN	IMATE INTERVAL ONSET AND DEATH
5 1	0.00				E CAUSE (o)_	Có	25/20	arros	7				
NO #	of or other		15 17 19		DUE TO,	OR AS A CO	SEQUENCE OF	-/2 6	6	- 1	Vision		
RES of	traus fraus		Conditions, if ony, gave rise to imm		(p)_	613	1010	CT & HOIN	110	21/	1/300/		
3 1	the same		couse (a), statin underlying cause		DUE TO,	OR AS A CON	NSEQUENCE OF						
201	ed b pieco riod, or o		PART 2. OTHER SIGN		(c)	CANTRIBITIE	IC TO DEATH BU	T NOT BELATED TO	C) THE TERM	NAI DISEASE O	P CONDITION O	CIVEN IN PART L	al .
DS.	Part of the Control	NO	PART 2. OTHER SIGN	OVA	W. JOHONS	1/25/1	1/	nso he	CIONG	, DISEASE O	K COMPINON C	314 [14 14 (\(\text{A} \(\text{A} \) ()	
800	12 E F	ATK	90 DATE OF QPERAT	TION	19b. CONI	DITION FOR		ON WAS PERFORM	MED	20a AUTOPS		ES, WERE FINDI	
A RE	1 2 2 1 1	TIFIC	Non							YES N	ON CER	TIFYING CAUSES YES []	NO [
TIN X	0 10 10 10 10 10 10 10 10 10 10 10 10 10	CERT	210. ACCIDENT WAS UND	_	1 110110	OF INJURY	TH DAY YEAR		JRY OCCURR	ED (ENTER NATUR	OF INJURY IN ITEM T	8 PART I OR PART 2)	
Q 412	2 111 1	3	OR CONTRIBUTING C		AIII	P.M	19				- P9-		
NOI SYH	A Me	MEDICAL	21d. INJURY OCCURE	RED		E OF INJURY	OFFICE FARM, ETC.)	211 LOCATION STREET	1	c	ITY OR TOWN	COUNTY	STATE
IVIS 10 P	6 145 Y	2	#I WORK AI WOR	RK RK	, a, nome	THE THE TOWN	7)		Total				
0 607	R A		220.1 certify that (1)		11.			C 29	19 53	, to	present		that (we) last
TIE	of the Co	1	saw the decease	ad alive an		1 after death	_19	and that may (a	ur) opinian d	leath occurred o	n the date and h	avr and fram the	causes stated
8	o he he he he he	1	DE EXCHATORE	7	11	1	nn	DEGREE	TENDING	#MEDICAL	STAFF	271 DATE	SIGNED
T E	A dela	1 -	NES	· · ·	no.	low	ma		YSICIAN E	MEDICAL DIRECTOR [PHYSICIAN	19/1	7/5/
1980	FUNE Md be the So		THE PHYSICIAN'S NA	ME (TYPE O	OR PRINT)	4.	7	22e ADDRESS	-	Ano	1/2	1/250	02/
O H	0 0 d d d		VOHN S	0	MHZ	u m	//	0803	conn	-1/1	c ners	unere,	7/ (4
1	E 5555	230 €	URIAL, CREMATION,	REMOVAL	23b. DATE		23c NAME OF	CEMETERY OR CR	EMATORY	23d. LOCATIO		. COUNTWEE	STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

Burial 9/22/87 Arlington National Cem.

14 FUNERAL DIRECTOR Joseph Gawler's Sons, Inc.

5130 Wisconsin Ave, NW, Washington, D.C. 20016 SEP 25

Arlington, VA

250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE.

SEP 25 1987. Julia Dandon Radas

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STATE OF MARYLAND

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1	- STATE REGISTRAR			DEPART		EALTH AND MENTAL HYG	JENE / FEG. NO	ئي		
	PECEASED NAME (PE OR PRINT) A N N	FIRST	E.V	DDUE		AST TO	20 DATE OF DEATH		DAY YEAR	26 HOUR a 5:30 M
3. S	H IVIV		ACE	A	5 DATE C	FBIRTH	SEPTEMBER	IDAY	IF UNDER I YEAR	IF UNDER 24 HRS
	Female	V	White		Aug 19, 1896		91	YRS	MONTHS DATS	HOURS MIN
/	BIRTHPLACE (STATE OR FO COUNTRY) Washington, D		U.S.	VHAT COUNTRY?	MARRIEI WIDOWE	NEVER MARRIED DIVORCED	Montgon Montgon		OF DEATH	MD
7 10	ethesda	Н 11.	NAME OF H	OSPITAL, NURSIN I FACILITY, GIVE STREET dward Av	ADDRESSI Penue	R OTHER INSTITUTION	120 USUAL OCCUPATION OF WORK FOR MOST OF Retired AW	ards		Gov't.
13a		Montg	omery	Bethesda	ADMISSION)	13d. INSIDE CITY LIMITS? YES 🙀 NO 🗌	Chairma 13e.STREET ADDRESS / 10003 Edwa	ZIP CODE		0817
7 14.1	Charles	~E	e e	Clark		15. MOTHER'S MAIDEN NA Martha	MIDDLE		Istead LAS	t
160	WAS DECEASED EVER IN	U.S. ARMED		569-32-	3936A	Rev. David C	ole(son) 7640 John, Maryl	Tom	linson A	lve.
	18 CAUSE OF DEATH PART I. DEATH WA Conditions, if ony, gove rise to imme cause (o), stating	MMEDIATE C	AUSE (6) DUE TO, OR	AS A CONSEQUE	ENGE OF	ches, co	rouary	v	10	MAJE INTERVAL PONSET AND DEATH FOUL
CERTIFICATION	PART 2 OTHER SIGNI	last. ((c) IDITIONS <u>CO</u>		DEATH BUT	NOT RELATED TO THE TERM	20a AUTOPSY?	20b. IF YES	VEN IN PART TO	IGS USED
)	OR CONTRABUTANCE CA	USE OF DEATH	21b. TIME OF HOUR A.M	A. MONTH D	AY YEAR	21c. HOW INJURY OCCURI	YES NO NO RED (ENTER NATURE OF MUURY	YE IN ITEM IS I		NO []
MEDICAL	21d INJURY OCCURRE	D	21e. PLACE C			211 LOCATION STREET	CITY OR TOW	/N	COUNTY	STATE
	220 I certify that (I) (I saw the deceased lave, (I) (we) (An	I olive on h	ma	reh 108	no, on	d that in (my) (gw) apinion	death occurred on the do	te and hou		that (I) (we last causes stated
	TA SIGNATURE	A	tra	elaci	M		MEDICAL STAF		22c. DATE	18/87
	Josep	hls.	Walla			27: ADDRESS 5272 Riv	er Rd.Bet	hesd	a, MD	20816
	Burial, CREMATION, R		9/12/	87	Cedar	EMETERY OR CREMATORY Hill Cemetery				STATE
24	FUNERAL DIRECTOR	IVSON	wneele	r Funera	I Hom	e. Inc. 236 DAT	E REC'D. BY REGISTRAR	SL REGIST	RAR'S SIGNAT	URE.

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

1331 Rockville Pike Rockville, Md. 20852 SEP 1 4 1987 Julia Tiridon Pardere

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE 20 DATE OF DEATH 2b HOUR 1AROLD SEPTEMBER 27. 1987 4 RACE AUGUST 31. 1906 MALE CAUCASIAN To BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. MONTGOMERY 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR ROCKVILLE HEBREW HOME OF GREATER WASHINGTON LAWYER LAW 13e STREET ADDRESS / ZIP CODE MARYLAND MONTGOMERY ROCKVILLE 6121 MONTROSE ROAD:/ YES X 20852 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MORRIS COHEN ANNA GRILL 17 INFORMANT SON 166 SOCIAL SECURITY NO MARYLAND 20815 089-07-5476 ROBERT COLE: 4846 LANGDRUM LANE: CHEVY CHASE APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for rai, (b), and ic PART I. DEATH WAS CAUSED BY RESPIRATORY ARREST DUE TO, OR AS A CONSEQUENCE OF PNEUMONIA Conditions, if ony, which gove rise to immediate cause (0), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 198 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20s AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOX 216. TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART : OR PART 2 710 ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINERS 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY AT HOME STREET FACTORY, OFFICE FARM, ETC 1 AT WORK AT WORK 220 I certify that (1) (the ANCOLOGI) attended the deceased from ... sow the deceased alive on 9/13
obove, (b (well (did) XIX Not) view the body after death and that in (my) (opinion death occurred on the date and hour and from the causes stated 226. SIGNATURE 220 DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 9/27/87 CHRISTOPHER UNGER.MD 6121 MONTROSE ROAD, ROCKVILLE, MD 20852

230 BURIAL CREMATION REMOVAL ISPECBURIAL

9/29/87

231 NAME OF CEMETERY OR CREMATORY MT. ARARAT CEMETERY

FARMINGDALE.

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE ²⁴ FUNERAL PIANZANSKY-GOLDBERG MEMORIAL CHAPELS INC. 1170 ROCKVILLE PIKE: ROCKVILLE, MD 20852 (VRA 15, 4)

DHMH - 16 60M 7/84

BERGG 1987

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR - STATE CERTIFICATE OF DEATH GISTRAR REG. NO. 20 DATE OF DEATH DECEASED NAME 26 HOUR (TYPE OR PRINT) 87 3:49 am James COLE HENRY 3 SEX 4 RACE 5. DATE OF BIRTH & AGE LIN YEARS LAST BIRTHDAY IF UNDER 1 YEAR December Male Caucasion TO. BIRTHPLACE | STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED THEVER MARRIED Washington, D. C. U. S. A. MONTGOMERY WIDOWED [DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION Attention Wilson (IFE) 126 KIND OF BUSINESS OR N.I.M.H. (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) MONTGOMERY GENERAL HOSPITAL OLNEY USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 113ª STREET ADDRESS / ZIP CODE

1	Maryland	Montgomer;	Sil. Spr.	YES NO	212 Pipi:	ng Rock	Dr. 20904
	Samu'el	Mode	Cole	Anita	AME	Tag	ylor
	WAS DECEASED EVER IYES NO OR UNKNOWN) Yes	IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) W.W.II	166 SOCIAL SECURITY NO. 579-22-6622	Mrs. Mary	Margaret	(29	ame as #13 above)
	PART I. DEATH W.	H (Enter only one couse per AS CAUSED BY IMMEDIATE CAUSE (o)	line for (a), (b) and (c)	oran arre	est		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, gave rise to imm couse (a), stating underlying couse	which (b)	R AS A CONSEQUENCE OF	Reval for	Muleta		
NOI	1/0	ralus	ONTRIBUTING TO DEATH BUT				
CERTIFICATION	190 DATE OF OPERAT		TION FOR WHICH OPERATION	lprin	YES NOTA	IN CERTIFYING	E FINDINGS USED CAUSES OF DEATH? NO []
1	21a. ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEATH HOUR A.	FINJURY M. MONTH DAY YEAR M. 19	7214 HOW INJURY OCCU	RRED (ENTER NATURE OF INJ	JRY IN ITEM 18 PART I OR	PART 7)
MEDICAL	21d INJURY OCCURR WHILE NOT WH AT WORK AT WOR	LE THOME, STE	OF INJURY LEET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	OWN CO	DUNTY STATE
	22a.1 certify that (I) sow the decease	(this hospital) attended the		nd that in (my) (our) apinior	deoth occurred on the c	dote and hour and i	that (I) (we) last

22e ADDRESS

DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN PHYSICIAN

226 SIGNATURE

Michael Sulkin, M.D.

18111 Prince Philip Dr. Olney, Md. 20832

230 BURIAL, GREATATION, REMOVAL 231 NAME OF CEMETERY OR CREMATORY Suitland, Pr. Burial Takoma

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP

TO FUNERAL DIRECTOR

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STATE OF MARYLAND

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003134	Pq.	REGISTRAR				CATE OF DEATH	REG. NO	0	1 3 -		
	I. DE	CEASED NAME FIRST	MIDDLF		LA	st .	20 DATE OF DEATH		YEAR 76 HOUR P		
4 75 /2	1	Richard	Phillip	os	Co	leman	September	6, 1987	11:12 M		
mo)	1.56		4 RACE	5.	DATE OF		6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER	PAYS HOURS MIN		
		Male	White	S	epten		45	YRS	DATS HOURS MIN		
8 3347		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED ☐ NEVER MARRIED ☐			□ NEVER MARRIED □	9 BALTIMORE CITY OR COUNTY OF DEATH				
1 11/1	Wa	shington, DC	United Star	tes v	VIDOWED	DIVORCED X	Montgomery	County	MD.		
1 120		lver Spring	11. NAME OF HOSPITAL (IF NOT IN SUCH FACILITY, O 10304 East	TIVE STREET ADD	RESS]		120 USUAL OCCUPATION OF OF WORK FOR MOST O	F WORKING LIFET IND	KIND OF BUSINESS OR USTRY Engineeri:		
1 BAF	USU.	AL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION GIVE RESIDE	NCE BEFORE AD	MISSION)						
1935		1,3,000		ortown er Spri		YES NO X	13e STREET ADDRESS / 10304 East		nue / 20901		
自該建入	14. FA	THER'S NAME		LAST		15 MOTHER'S MAIDEN NAM					
1 100		William	T. Colema		- 4	Winifred	MIDDLE		Israel		
0 s 0		VAS DECEASED EVER IN U.S. A		IAL SECURIT	Y NO.	17 INFORMANT	ADDRE	SS	201401		
x cod	1	res no or unknown) (IF yes, GI	VE WAR OR DATES) 220-	-42-34	153	John M. O'Co	nnell, Sam	ne as 13			
2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		18 CAUSE OF DEATH (Enter o	nly one couse per line for ro	i, (b), and ic	LI TO			0	APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH		
on and and and and and and and and and an		PART I, DEATH WAS CAUS IMMEDIA		2130	VIL	MUNGER	acrest		100		
ding orbig			DUE TO, OR AS A CO	NSEQUENC	CE OF						
deat ove fran,		Conditions, if ony, which	(16) CC1	was	15	runs syte	n toxop	larmativ	6 wech		
the remo		gave rise to immediate couse (a), stating the	DUE TO, OR AS A CO	NSEQUENC	CE OF			D.C. SHI			
that by ol, cr		underlying couse lost.	1 10 Pre	sure.	2 4	mere de	auring sy	adres	1/2 704		
quires signed hen pli ta burn njury, a	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUT	ING TO DEA	ATH BUT N	OT RELATED TO THE TERMI	nal disease or coni	DITION GIVEN IN P	PART 10		
prior ony	CERTIFICATION	198 DATE OF OPERATION	196 CONDITION FOR	WHICH OP	ERATION	WAS PERFORMED	200 AUTOPSY?		FINDINGS USED -		
he lo on.	Ě				_		YES NO W	YES [AUSES OF DEATH?		
physici physici tificate il-transi tal Hygi		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MON	NTH DAY		21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	TY IN ITEM 18 PART I OR	PART 2)		
HYSK ding ding hyric Men	MEDICAL	THE EITHER NOTIFY MEDICAL EXAMINE 71d INJURY OCCURRED	P.M. 71e. PLACE OF INJURY	Y	19	21f LOCATION					
G Ph orten ond ond	ME	WHILE NOT WHILE THE AT WORK	LAT HOME STREET FACTOR	Y, OFFICE FARM	(EIC)	STREET	CITY OF TO	wn cor	JNTY STATE		
A Aft		220.1 certify that (I) (this hosp	itals attended the decease	d from St	pre	15cr6, 19 8 5					
TTEN Pitol TOR for u		saw the deceased alive of		19 6	7, one	that in (my) (our) opinion d	leath accurred on the do	ate and hour and fi	om the couses stated		
hos hos hed hed hed hed hed hed hed		226. SIGNATURE	on view me body oner dear		D	EGREE			DATE SIGNED		
Al O Al D Ste Do		Yours to	Ham m			ATTENDING PHYSICIAN X	MEDICAL STAF		ept. 7, 1987		
HOSPITA ned by FUNERA vid be de orthe Stot		274 PHYSICIAN'S NAME (TYPE	OR PRINT)			17e ADDRESS 1759	O Street,				
etained ITO FUNE	130	Pamela J. Ha	rris, M. D.				A	20009			
5 5 7 4 3 8		SURIAL, CREMATION, REMOVA		23c NA	ME OF CE	METERY OR CREMATORY	23d LOCATION				
BP	1	Cremation	9-7-87	Metr	opol	itan Cremator		ria. Vir	ginia		
DHMH - 16 60M 7/84	24 F		hard Rapp, I			SEP	REC D BY REGISTRAR	25b. REGISTRAR'S S	IGNATURE		
(VRA 15, 4)			3352, Washin		DC		9 1301 gs	hia Davidson	Kondaeg		

P. O. Box 43352, Washington,

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DHMH - 16 60M 7/84

(VRA 15, 4)

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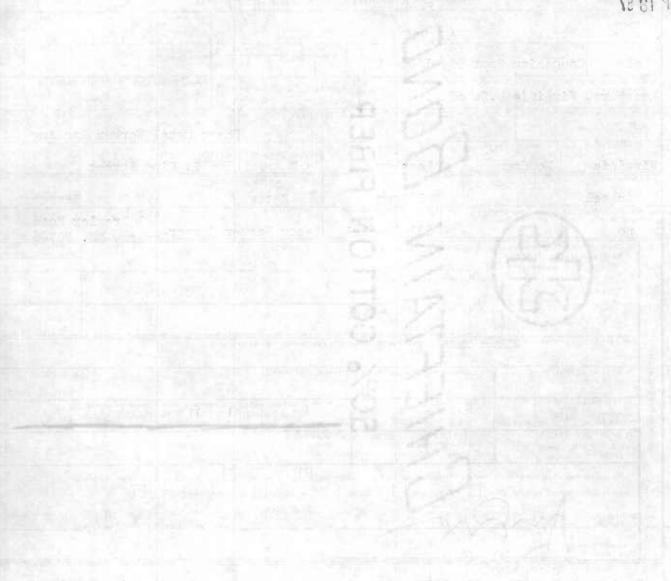
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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5	1 -	FOR STATE CREGISTRAR		DEPARTMI		EALTH AND MENTAL HYG ICATE OF DEATH	IENE / REG. N	o.	1 3	3
		CEASED NAME FIRST EDI	WARD DALE	CONARD	L	AST	SEPTEMBER		B7	26 HOUR P 6:10 M
	3. SE	X	4 RACE		5. DATE O		6 AGE (IN YEARS LAST BIT	THDAY)	IF UNDER I YEAR	IF UNDER 74 HRS
	1	MALE	CAUCASIA	N	OCTO	BER 29 1944	42	YRS	MONTHS DAYS	HOURS MIN.
1	(RTHPLACE (STATE OR FOREIGN COUNTRY)	TE CITIZEN OF WHAT		MARRIEI WIDOWE	NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY	OF DEATH	
-	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPI (IF NOT IN SUCH FACILI	TAL, NURSING	HOME O	ROTHER INSTITUTION	170 USUAL OCCUPAT (1YPE OF WORK FOR MOST O U.S.A.F.	ION		MD. F BUSINESS OR
	13a. S MAI	And in contrast of		ITY OR TOWN		134 INSIDE CITY LIMITS? YES X NO	13e STREET ADDRESS 3540 E. MC			T 20755
t		JOHN WARR		LAST		15. MOTHER'S MAIDEN NA/ FIRST ELIZA	BETH ANN BR		G LAST	1
-		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 S	OCIAL SECUR	ITY NO.	17 INFORMANT	ADDR	SS		
4	1.			15-44-5	417	G. MEADE, M		HORTE	R COURT	, FT.GEO
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT	BETWEEN	MATE INTERVAL DINSET AND DEATH						
	NO	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A			NOT RELATED TO THE TERM	IN AL DISEASE OR CON	DITION GIV	EN IN PART I I O	26
	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION	FOR WHICH O	PERATION	N WAS PERFORMED	200 AUTOPSY? YES X NO	IN CERTIF	, WERE FINDIN YING CAUSES S X	
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA			YEAR	21c. HOW INJURY OCCURE	ED (ENTER NATURE OF INJU	RY IN HEM 18 P	ART 1 OR PART 7)	
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJ		M ETC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
		220.1 certify that (1) (this haspit saw the deceased alive an abave, (1) (we) (did) (did no	SEPTEMBER	14_19.87		T 4 19 87 d that in (my) (aur) apinion (, to <u>SEPTEME</u> death accurred on the d			that (I) (we) last causes stated
		22b. SIGNATURE 4. D	Lan			ATTENDING PHYSICIAN	MEDICAL STA		9//	5/87
		J. D. LONG, L		R			HOSPITAL SDA, MD 208	314–50	11	/
	23a B	BURIAL, CREMATION, REMOVAL SPECIFY) BURIAL	236 DATE 9-18-1987			ON NAT L. CEM	23d LOCATION CITY OF TOWN ARLINGS	ON.	ARL. CO	STATE VA.
	24 FL	JNERAL DIRECTOR	Tell E	ADDRESS		25 0 DAI	REC'D BY REGISTRAR	256 REGIST	RAR'S SIGNATI	URE
		W. W. CHAMBERS	CO.		ALE,	Md. 20737	43 801	gulla d	Same I	manch

RIVERDALE, Md. 20737

STATE OF MARYLAND



FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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250 NO	1	75	-
REG. NO.			_/
W . W			

CEO		REGISTRAR		Y		CERTIF	CATE OF DEATH		REG. NO.	24	5	
SEP		ASED NAME	FIRST		MIDDLE	L/	AST	20. DATE O		DAY Y	TEAR 21	h HOUR
	(ITPE		ORI.	4	E.	Co	OPER	9-	1-87		1	2:45 AM
	3. SE	X .		4 RACE		5 DATE O		6 AGE (IN	YEARS LAST BIRTHDAY)	IF UNDER		FUNDER JA HRS
		FEMALE	No.	CAUCAS	IAN	12	05 190	86	Y	RS		
1		RIHPLACE (STATE OR F	OREIGN	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED - NEVER MARRIE			9 BALTIMORE CITY OR COUNTY OF DEATH					
	_	LINOIS		USA	WIDOWED DIVORCED			☐ MON				MD.
0	100	TY OR TOWN OF DEA		(IF NOT IN SUC	HEACILITY, GIVE ST	TREET ADDRESS)	SING HOME	TYPE OF WOR	OCCUPATION RK FOR MOST OF WORKS LIGENCE	ING LIFE INDL	JSTRY	NTAGON
5	13a S	AL RESIDENCE LIF NURSI STATE RYLAND	136 COUN		13c. CITY OR T		13d. INSIDE CITY LIMITS	3556	ADDRESS / ZIP C	CODE K COUR	T 20	906
0	14 FA	CHARLES		MIDDLE	ELLIS		15 MOTHER'S MAIDEN GEORGIA		WIDDLE	BA	LDWI	N
		VAS DECEASED EVER		MED FORCES?	166 SOCIALS	ECURITY NO	17 INFORMANT FR		ADDRESS 3			
		NO OR UNKNOWN)	(IF YES, GIVI	WAR OR DATES)	542-16	-7603	GERALD E. 1	MURCH	SILVER	SPRING	, MD	20906
		18 CAUSE OF DEATH PART I. DEATH W	H (Enter on	y one couse per	line for to), (b	, and ic	. ,	21.0		8.6	APPROXIMA WEEN ON	TE INTERVAL SET AND DEATH
				E CAUSE (o)	Corla	io Kes,	sisatony	Forle	inl			edrale
0		Conditions, if any,		DUE TO, O	RAS A CONSE	OUENCE OF	Concek	e Ino.	u Bres	ral-	6 h	nanther
. 2		gove rise to imm couse (a), statin underlying couse	g the	DUE TO, O	RAS A CONSE	ELLO M	a Bon	east-			2 4	ears.
	NOI	PART 2 OTHER SIGN		_	asul	to DEATH BUT	NOT RELATED TO THE TI	erminal diseas	SE OR CONDITION	GIVEN IN P	ART I o	
2	CERTIFICATION	19a DATE OF OPERAT	ION	196 COND	ITION FOR WH	IICH OPERATION	N WAS PERFORMED	YES _		F YES, WERE I ERTIFYING CA YES []	AUSES OF	
0		210 ACCIDENT WAS UND				DAY YEAR	21c. HOW INJURY OCC	CURRED (ENTER N	ATURE OF INJURY IN ITER	W 18 PART OR P	ART 23	
7	CAL	LIF EITHER NOTIFY MEDIC		III	Μ.	19						
	MEDI	214 INJURY OCCURR	ILE []		OF INJURY REET FACTORY, OFF	FICE, FARM ETC	211. LOCATION STREET		CITY OR TOWN	COU	MIY	STATE
		220.1 certify that (1) sow the decease above, (1) (we) (d	ed olive on,	81	29	9 8 7 , on	19 S ,	ion death occurr	ed on the date and	hour and fro	7, the	ot (I) (we) lost uses stated
		226 SIGNATURE		Mam		kus	DEGREE ATTENDING PHYSICIAN	G MEDICAL DIRECTOR	STAFF		9/3	SNED 187
/	13	22d PHYSICIAN'S NA	AME ITYPE	PPRINT			22e ADDRESS	ROSSM	OR LEISUE	RE WORI	D	
		OLIVER LA	WLESS	3			3629 GLEN E	EAGLES D	R. SILVE	R SPRIM	NG, N	D
		BURIAL, CREMATION, SPECIFY) BURIA		SEPT4,			ON NATL CEM	CIT	LEXANDRIA		V	IRGINIA
4		O UNIVERSI			ADDRE	22	MD 20901 3	EP 144	987 TRAR 256 RE	GISTRAR'S SI	GUATUR	in.

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR After this certificate has been

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	1-	FOR STATE	DEI		EALTH AND MENTAL HYG	HENE /	0 /		
2	3 8	REGISTRAR		CERTIF	CATE OF DEATH	REG. N	O		
1		ORPRINT)	10 P.	nrllo	AST	26. DATE OF DEATH	TI C	YEAR)	10080
	1 SEX	, , ,	4 RACE PL	5. DATE O		6. AGE LINYEARS LAST BIR		UNDER) YEAR	IF UNDER 24 HRS
		tema/e	DIACK	11	0 2 19	0'/	YRS		
3	70 BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUL	MARRIE	NEVER MARRIED	BALTIMORE CITY O	R COUNTY O	F DEATH	2 4
~	10 C1	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	WIDOWE		120 USUAL OCCUPAT	ON	126 KIND OF	BUSINESS OR
	Tal	coma PI MD	WAShington	STREET MOR(SS)	itist Hosp.	Secal		INDUSTRY	DO3114233 OX
5	USUA 13a S	AL RESIDENCE (IF NURSING HOME OR IT ATE			13d. INSIDE CITY LIMITS?	13. STREET ADDRESS	ZIP, CODE,	Easu Z	20879
3	14 FA	THER'S NAME FIRST FOR SIN	MIDDLE ROLLA		15. MOTHER'S MAIDEN NAM	ME + MODIE	man	LAST	
F			MED FORCES? 16b. SOCIA	L SECURITY NO.	17. INFORMANT	ADDR	3 11	1440	4 Stoney
8		VO	136-	22-990	Mrs. Sheena	unght (d	aughter	Hoint	41.
1		18 CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE IMMEDIA)	D BY:	diac c	most		60) D(Dell L
14			DUE TO, OR AS A CON	SEQUENCE OF				1. h	V 6
1		Canditians, if any, which gave rise to immediate	(b) D14	bosov				01	112
-	2	couse (a), stoting the underlying couse lost.	DUE TO, OR AS A CON	SEQUENCE OF	\sim			81	15
4	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	A I O	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART TIO	
İ	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR V	WHICH OPERATION	N WAS PERFORMED	20a AUTOPSY?	206 IF YES, V IN CERTIFYIN	VERE FINDING	GS USED OF DEATH?
H	CERT	210. ACCIDENT WAS UNDERLYING			21c. HOW INJURY OCCUR			1 OF PART 2)	110
	772	OR CONTRIBUTING CAUSE OF DEA		H DAY YEAR					
0	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATION STREET	CUTY OR TO	WN	COUNTY	STATE
1	-	ORK NOT WHILE	The same same same same same same same sam	orrice, ranni ere j	C.			0.	
1	1	22a.1 certify that (1) (this haspi sow the deceased alive an			d that in (my) (aur) opinion	death occurred on the di	19		hat (I) (we) last
	1	obove, (I) (we) (did) (did no	t) view the body ofter deoth.		DEGREE		are and noor o	22¢ DATES	
		Joann	I ralebat		ATTENDING	MEDICAL STAI		9/11	1/87
1		22d PHYSICIAN'S NAME ITTER	quhant		5454 WISC	consin Are	Cherry	Chaso	MC
	23a B	URIAL, CREMATION, REMOVAL Crematio			emetery or Crematory	Washingt	on D	OUNT	STATE
	24 FU	INERAL DIRECTOR			250 DAT	E REC'D. BY REGISTRAR			IRE
	G	eőrge R. Sno	wden Rock	mille, N	1D 20850 SEF	2.3 1987	frie De	iden B	· lus :

DHMH - 16 60M 7/B4 (VRA 15, 4)

(VRA 15, 4)

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE /

		112 0 10 1 11 111				REG. NO	
		CEASED NAME FIRST	MIDDLE	LA	51	20 DATE OF DEATH MONTH	OAY YEAR 26 HOUR
X 7 6	(TYPE	Arnold	Jackson	Cro	oddy	9 -	2-87 10 am
bo da	1.5€		4. RACE	5. DATE O	BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
A A A		Male	Caucasian	Nove	mber 25,1904	82 YRS	MONTHS DAYS HOURS MIN
2 62 1-1		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8	DE NEVER MARRIED	9. BALTIMORE CITY OR COUNT	Y OF DEATH
1 150/		ILLINOIS	United States	WIDOWE	DIVORCED [Montgon	nery County, MD.
1 11 00	TO.CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		ROTHER INSTITUTION	12a USUAL OCCUPATION	INDUSTRIONESS CO.
1016		Rockville	Collingswood	Nursi	ing Center	TEACHE	
1131	130 5	TATE 136 COUN		I NY	134 INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP COI	DE
	-		gomery Betheso	1a	YES NO NO	9503 Ewing Dr	ive 20817
1 15/27	14. FA		MIDDLE LAST		15 MOTHER'S MAIDEN NA/	ME MIDDLE	LAST
1 1130		William	Croddy		Sarah		Nickles
B B B /		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU	URITY NO.	17 INFORMANT	ADDRESS	
		No	212-20-2	2513	Gladys M. Cr	oddy same as	
5 4245		PART I, DEATH WAS CAUSE	ly ane cause per line tar (a), (b), ar	nd (ci)	1 -1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1 111			E CAUSE (a)	sal	Jacker	he	
th co		10 2 10 10 10 10	DUE TO, OR AS A CONSEQU	ENCE OF	0.	v.	11 000 10
dear one sum		Conditions, if ony, which	((b) Uh	enri	a-Upa	lema.	7mo
4 4111	2	gove rise to immediate couse (0), stoting the	DUE TO, OR AS A CONSEQU	ENCE OF	1 6	1	11 0
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o de la la la la la la la la la la la la la		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT N	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION G	IVEN IN PART I O
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1 1110	CA	THE DATE OF OPERATION	1% CONDITION FOR WHICH	OPERATION	WAS PERFORMED		ES, WERE FINDINGS USED IFYING CAUSES OF DEATH?
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The second	CE	DE CONTRIBUTE TO CAUSE OF DEA	HOUR A.M. MONTH D	AY YEAR	TIL HOP INJURY OCCURR	ED Towers worked on within written in	LML(OKSMJ3)
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E d d d	MEDIC	714. INJURY OCCURRED	21s. PLACE OF INJURY (AT HOME STREET, FACTORS, DRECE, S	CARNOTTE S	ZII LOCATION	CITY DRITOWN	COUNTY STATE
Of 510 5	2	white a work where C	Tellisaminoration and tellisa		0		
ON A NO B		220.1 certify that (1) (this hospi	tal) ottended the deceased fram	In	ly 19.87	to Suffer L	, 19.87 , that (li (***) last
State of the state		sow the deceased alive an above, (I) (wet (alid) (did no	9-2-7-19 (, and	that in (my) (aur) apinian o	death occurred on the date and ho	our and from the causes stated
* 2 W 3 D 2		22b. SIGNATURE	/	D	EGREE		22C DATE SIGNED
A April		PPC/	nasewa	mi	ATTENDING PHYSICIAN	MEDICAL STAFF PIRECTOR PHYSICIAN	9-9-87
F4 # # 7		THE PHYSICIAN'S NAME (TYPE O	R PRINT)	1.4	22e ADDRESS 4977	Battery Lane	
Day Tale		PPAUDE	Ehs		BETHEST	AMD 208	14
5 5 5 3 3 3 4	23o E	URIAL, CREMATION, REMOVAL		NAME OF CE	METERY OR CREMATORY	23d. LOCATION	
RP		SPECIFY)	Sept.		Memorial Par	CITY OR TOWN	Maryland
	24 FL	INERAL DIRECTOR Robert	A. Pumphrev Fu	neral	Home/ 250 DATI		2
DHMH - 16 60M 7/84 (VRA 15 4)	Be	thesda-Chevy Cr	A Pumphrey Furiase, Inc.	Mary1	and20814 SFP	1 0 1987	Descous. Kenny

SEP 1 0 '887

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 065666 SEP 15-87-AR MEDICAL EXAMINER'S CERTIFICATE OF DEATH O DATE KNOWN F MONTH 26 HOUR (TYPE OR PRINT) ESTI-DEATH MATED EDWARD . CROMWELL 19 4 RACE DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS. 26 HOUR 2c DATE LAST BIRTHDAY) PRONOUNCED 5:55 1954 23 MALE 28 BLACK DEAD MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED 76. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR FOREIGN COUNTRY) U.S.A. WIDOWED [DIVORCED Montgomery County D CITY OR TOWN OF DEATH 20 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE! Takoma Park Washington Adventist Hospital JSUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 1644 Yorktown Rd. YES NO [14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME LANE LAST HOWARD HELEN 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMANT Phila. Pappres9104 16b. SOCIAL SECURITY NO (IF YES, GIVE WAR OR DATES) HELEN GAMBLE 44 N. 41st Street 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) Pulmonary thromboembolism DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which Thrombophlebitis of left leg gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO Cocaine use 19g. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES ST NO EXECUTE THE CERTIFICATE, WRITING THE WORKS A SHOULD BE FORWARDED TO THE CAP OF THE CAPENDARY DESCRIPTION OF THE CAPENDARY DESCRIPTION OF THE CAPENDARY WITH THE STATE DEPARTMENT BALTIMORE, MARYLAND, 21201 PRICETOR DELIMINATION OF THE CAPENDARY DESCRIPTION OF THE CAPENDARY DESCR 21a. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK Autopsy 2 22a I certify that I took charge of the remains described above, held an Inspection Notural causes X death resulted from: Accident Homicide Undetermined monner TITLE (SPECIFY) ACTUAL M.D. Deputy Chiefical EXAMINER 9-8-87 SIGNATURE EXAMINER'S NAME Ann M. Dixon, M.L. 111 Penn St., Balto., MD 21201 (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION BURIAL 9-11-1987 PINELAWN MEM. PARK Annapolis Maryland 250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE GED 1 4 1087 Julia Dioidon Landelle Annapolis, Md. **DHMH - 17** REESE & SONS MORTUARY. P.A. (VR A15 ME (5))

STATE OF MARYLAND

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COUNTY

206 IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

SILVER SPRING.

230 BURIAL CREMATION, REMOVAL Burial

10/2/87

23¢ NAME OF CEMETERY OR CREMATORY Cedar Hill

STATE OF MARYLAND

23d LOCATION Suitland

NON

CITY OR TOWN

COUNT P G

Md.

NO [

STATE

(we) last

stated

DHMH - 16 60M 7/84 (VRA 15, 4)

Hines/Rinaldi funeral Home ADDL-1800 New Hamp Silver Sprike

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYCICHE

01	666	18	SE	P 18	87	STATE REGISTRAR			DET			F DEATH		5. NO.	1	E.A
		eq ,	ofter death		1 DEC	EASED NAME	rike	KA EMANU	EL	0	inn	NOS	2a. DATE OF DEAT		DAY YEAR D-1987	26 HOUR 2.45P M
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	¥I*	thin			14. FA	THER'S NAME					15. MOTH	IER'S MAIDEN NA				
- 7	BAITIMORE, MARYIAND 21201	3	p 4	5		Gus		MIDDLE	omoong		Cl	nristine	MIDDI	LE	LAS	
	R.	5	0 - 3	7		AS DECEASED EVER		MED FORCES?		SECURITY NO.	17. INFOR	RMANT	AD	DRESS		
	WO	ě e	Poge Poge	1	N	ES. NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	229-40	0-6062	Anne	Cumming	s Wife	Same a	s 13	
	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	es that the deat	Then pleose remove corban to buriol, cremation, or ren		Z	Conditions, if ony, gove rise to imr couse (o), storic underlying couse	which nediate ig the last	(b)	RAS A CONS RAS A CONS A LOU	SEQUENCE OF SIS SEQUENCE OF SEQUENCE OF	17 K	eart Cenal	far'lu far'l	ondition GIV	EN IN PART 110	3
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	ON OF VITA	YSICIAN: T	buriol-trons Mentol Hygi	9	MEDICAL CERTI	21a ACCIDENT WAS UNIT OR CONTRIBUTING (IF EITHER NOTIFY MEDIT 21d INJURY OCCUR	CAUSE OF DEA	HOUR A.	M. MONTH M.	DAY YEAF	21c. HOV		RED (ENTER NATURE OF	INJURY IN ITEM 18 P	ART I OR PART 2]	
	DIVISIO	NG PH offen	os the thought		ME	WHILE NOT WH	RK			FFICE, FARM, E1C)	51	TREET	CITY C	OR TOWN	COUNTY	STATE
		ATTEND nospital o	oched for use Dept. of Heal			22a certify that (I) sow the decease above, (I) (we) (s 22b. SIGNATURE	ed alive on	9-	9 -	- 31	and that in (my) (our) opinion	death occurred on the	e date and hou		
						Thm!	P-K	anna	Nie	1	MI)		MEDICAL DIRECTOR PH	STAFF YSICIAN		
			should be det	_		TONY	2. 14	ANNA	RKA	T.		201 1		5.5. r	nd 20	2910
		1	0 / 2		23a. B	URIAL, CREMATION,	REMOVAL		1005	A STATE OF THE PARTY.		OR CREMATORY	23d LOCATION CITY OR TOW		COUNTY	STATE
		BP_			B	urial		ISep.12	.1987	Glenwoo	d Ceme	eterv	Washing	ton, D.	C.	

DHMH - 16 60M 7/84 (VRA 15, 4)

Sep.12,1987 Glenwood Cemetery Francis J. Collins, Jr. 2 24 FUNERAL DIRECTOR 500 University Blvd., W. Silver Spring, Md. 2090

y Washington, D. C.

250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE SEP 1 7 1987

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FOR

OC

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

26763

PRIOR OF DEATH PERSON	romery Gai	MARRIE WIDOWE , NURSING HOME C GIVE STREET ADDRESS) VE Adve	DAY 28 DENNEVER M DIVIDOR OTHER INSTI	YEAR I ARRIED ORCED I	REG. N REG. N	MONTH 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Ounty 1126 KIND O		35 M R 24 HRS MIN.			
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OR UNKNOWN] (IF YES, GIVE	WAR OR DATES) 216-	10-8576		Thomas	Cutler-	Gaith	ershu	יון ני	Md.			
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SIGNATURE	0 0 0	0					22c DATE	SIGNED	,			
ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN									87			
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Ohn R Mc	nich		911 1	Russel	1 Mrs. 6	a thus	bur h	12	087			
L, CREMATION, REMOVAL	123b DATE	23c NAME OF C	EMETERY OR C	REMATORY	1234 LOCATION	7 / -	01					
rial					CITY OR TOWN	D	COUNTY		Md.			
	9-30-87 5151 Ba	Lorrair Lto.Nat		Cemete	REC'D. BY REGISTRAR		alto.		TICL .			
	PART I. DEATH WAS CAUSE! IMMEDIATI Inditions, if ony, which we rise to immediate use (o), stoting the derlying couse lost. T 2 OTHER SIGNIFICANT CO PATE OF OPERATION ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA EITHER NOTIFY MEDICAL EXAMINER! INJURY OCCURRED IL CERTIFY that (I) (this hospit above, (howe) (did) (did not SIGNATURE) PHYSICIAN'S NAME (1996 OF	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0)	DUE TO, OR AS A CONSEQUENCE OF CLOCK OF SET ON SEQUENCE OF CLOCK OF SET	DUE TO, OR AS A CONSEQUENCE OF Additions, if ony, which we rise to immediate use (a), stoting the derlying couse lost. TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORM ACCIDENT WAS UNDERLYING ALL ALL ALL ALL ALL ALL ALL ALL ALL AL	DUE TO, OR AS A CONSEQUENCE OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMIN CONTRIBUTING OR AS A CONSEQUENCE OF COLORED CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMIN CONTRIBUTING OR AS A CONSEQUENCE OF COLORED CONTRIBUTION OF WHICH OPERATION WAS PERFORMED ACCIDENT WAS UNDERLYING OR CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED ACCIDENT WAS UNDERLYING OR CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED ACCIDENT WAS UNDERLYING OR CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED ACCIDENT WAS UNDERLYING OR CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED ACCIDENT WAS UNDERLYING OR CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED ACCIDENT WAS UNDERLYING OR CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED ACCIDENT WAS UNDERLYING OR CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED ACCIDENT WAS UNDERLYING OR CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED ACCIDENT WAS UNDERLYING OR CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED ACCIDENT WAS UNDERLYING OR CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED ACCIDENT WAS UNDERLYING OR CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED ACCIDENT WAS UNDERLYING OR CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED ACCIDENT WAS UNDERLYING OR CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED ACCIDENT WAS UNDERLYING OR CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED ACCIDENT WAS UNDERLYING OR CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED ACCIDENT WAS UNDERLYING OR CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED ACCIDENT WAS UNDERLYING OR CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED ACCIDENT WAS UNDERLYING OR CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED ACCIDENT WAS UNDERLYING OR CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED ACCIDENT WAS UNDERLYING OR CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED ACCIDENT WAS UNDERLYING OR CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED ACCIDENT WAS UNDERLYING OR CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED ACCIDENT WAS UNDERLYING OR CONTRIBUTION FOR WHICH OPERATION FOR CONTRIBUTION FOR WHICH OPERATION FOR CONTRIBUTION FOR CONTRIBU	DUE TO, OR AS A CONSEQUENCE OF Inditions, if ony, which we rise to immediate objection, stating the derlying couse lost. DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE DUE TO, OR AS A CONSEQ	DUE TO, OR AS A CONSEQUENCE OF we rise to immediate see (a), stoting the declying couse lost. TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206, AUTOPSY? 106. IF YES NO YES NO NOTIFIED TO THE TERMINAL DISEASE OR CONDITION GIVEN ACCIDENT WAS UNDERLYING 100 TO THE TERMINAL DISEASE OR CONDITION GIVEN ACCIDENT WAS UNDERLYING 100 TO THE TERMINAL DISEASE OR CONDITION GIVEN ACCIDENT WAS UNDERLYING 100 TO THE TERMINAL DISEASE OR CONDITION GIVEN ACCIDENT WAS UNDERLYING 100 TO THE TERMINAL DISEASE OR CONDITION GIVEN ACCIDENT WAS UNDERLYING 100 TO THE TERMINAL DISEASE OR CONDITION GIVEN ACCIDENT WAS UNDERLYING 100 TO THE TERMINAL DISEASE OR CONDITION GIVEN ACCIDENT WAS UNDERLYING 100 TO THE TERMINAL DISEASE OR CONDITION GIVEN ACCIDENT WAS UNDERLYING 100 TO THE TERMINAL DISEASE OR CONDITION GIVEN ACCIDENT WAS UNDERLYING 100 TO THE TERMINAL DISEASE OR CONDITION GIVEN ACCIDENT WAS UNDERLYING 100 TO THE TERMINAL DISEASE OR CONDITION GIVEN TO THE TERMINAL DISEASE OR	DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF	PART I. DEATH WAS CAUSED BY CONTRIBUTION CONTRIBUTION DUE TO, OR AS A CONSEQUENCE OF Contribution C			

#21229

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

067350

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	1 -	FOR STATE REGISTRAR	DEPARTA		IEALTH AND MENTAL HYGII	ENE) / REG. NO	2 6 1	0	
350 OCT	L DE	SED NAME FIRST	WIDDIE		TAST TEACH		MONTH DAY YEAR	26 HOUR.	
poge 30	() YPE	PRINT)	oh L. Dald	0	CINZCI, SR	~ (7-22-87	435 "	
L . 0	3 SE)	K	4. RACE	S. DATE O		6 AGE (IN YEARS EAST BIR	MONTHS DATE		
oge 4 rector, urs off		ALE	CAUCASIAN	AUGU	ST 27, 1924	63	YRS	HOURS MIN.	
2 2 2 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8. MARRIE	D NEVER MARRIED	BALTIMORE CITY O	R COUNTY OF DEATH		
n 7 men		ASHINGTON, D.C.	USA	WIDOWI		mon	HADOME	NU MD.	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1951	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		OR OTHER INSTITUTION		F WORKING LIFE) INDUSTR		
ू हैं		enesu	200000	DI	DANIAI	BARBER	. SELF	-EMPLOYED	
of the state of th	130 S	TATE 13b COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE UTY 13t. CITY OR TOW ROCKVIL.	N		13e STREET ADDRESS		20052	
1 22 1		THER'S NAME	IGOTEKI ROCKVIL	LE	YES NO NO NO NAM	4850 ADRI	AN SIREEI	20853	
1111	14 74		DABBONDANZA		PAULINE	MIDDLE		ATELLO	
1 1 1	16a V	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU	RITY NO.	17 INFORMANT SON	ADDRE			
A STATE OF THE PROPERTY OF THE	YI	ES 1943	-1945 578-24-2	2892	JOSEPH L. DAB				
9 313 4		18 CAUSE OF DEATH (Enter or	ly one couse per line for (o), (b), one	d (c).3			APPRO	DXMATE INTERVAL N ONSET AND DEATH	
phy o phy o		PART I. DEATH WAS CAUSE IMMEDIA	ECAUSE (0) Respirati	rs 1	oilure		8	hrs	
th on the cash			DUE TO, OR AS A CONSEQUE	NCE OF	,			el.	
deo ove thori		Conditions, if any, which	(16) Metastate	c 10	ronchogenic (Corcinoma	29V	+mo	
2 2555		gave rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUE	NCE OF					
those the control of		underlying cause last.	(c)						
1 10 2	0	PART 2. OTHER SIGNIFICANT	ONDITIONS CONTRIBUTING TO	EATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE OR CON	DITION GIVEN IN PART	lto	
事 2463	6								
1 41660	CAT	190 DATE OF OPERATION	196. CONDITION FOR WHICH	196. CONDITION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY? 20b. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF E		
11 211	E					YES NO	YES 🗌	NO 🗆	
Z S S S S S S S S S S S S S S S S S S S	CERT	210. ACCIDENT WAS UNDERLYING	THE PARTY OF THE PARTY OF	V VEAD	21c. HOW INJURY OCCURRE	D (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I OR PART 2		
A STATE OF	4	OR CONTRIBUTING CAUSE OF DEA	MIN .	19					
Sa sa sa	MEDIC	21d. INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATION	CITY OR TO	wn COUNTY	STATE	
State of the control	×	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.	SINEEL	(110.10		31470	
O A STATE OF		27a I certify that (I) (this hospi	tal) attended the deceased from_	Sopt	21 1987	, to Sept .	19 87	that (I) (we) lost	
THE TOTAL TO SEE THE TOTAL		saw the deceased alive an	Sept 22 19 8	87	nd that in (my) (our) opinion de	eath occurred an the do	ate and haur and from th	ne causes stated	
41 27 b		22b. SIGNATURE	t) view the body after death.		DEGREE		22¢ DA	TE SIGNED	
A PART P		(0)/2/3	mo		ATTENDING PHYSICIAN	MEDICAL STAL		23-87	
E# 2553 /		22d PHYSICIANS NAME (TYPE			22e ADDRESS 831	University	Blud Eo.	sc	
Thought the weokto		Phillip W.	Poth, p.D.		Suite 32, 831 Silver Spring	, prod. 20	0903		
22 42121		BURIAL, CREMATION, REMOVAL	23b. DATE 23c h	NAME OF	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE	
BP		BURIAL	SEPT26,1987 ST			WASHINGI	ON, D.C.		
DIMMI 14 4014 7404	24 FL	UNERAL DIRECTOR FRANCE	CIS J. COLLINS J	R.			256. REGISTRAR'S SIGN	ALURE	
DHMH - 16 60M 7/84		00 UNIVERSITY E	AUDK 55		IOCOL	7 (1) (1) (1) (1)	in Dundom-Kan	AARTON)	

SEPSON

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

13	6	7	in	100
4	0	1	Ó	to,

		REGINAR					REG. NO.				
		CEASED NAME FIRST	A	MIDDLE	t/	A51	20 DATE OF DEATH	DNIH D	DAY YEAR	2b. HOUR	
	(TANE	MARY	H.	DA	VIES		SEPTEMBE	E 0 9	8-1984	21	0
	3. SE)	, max 7	4 RACE	DH	5. DATE O		& AGE TIN YEARS LAST BIRTHO		IF UNDER I YEAR	IF UNDER 24	I HRS
		emale	White	e	Oct		80		MONTHS DAYS	HOURS	MIN.
-	7a BII	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY	OF DEATH		
)		Penn.	USA		WIDOWE	DINORCED [Montgome	ry.			MD.
and the		TY OR TOWN OF DEATH		HOSPITAL, NURSIN HEACILITY, GIVE STREET		R OTHER INSTITUTION	170 USLE TO TO PATON	VORKING UF	EL INDUSTRY	ELBOS CUESS	5 OR
7	Ga	ithersburg	SHADY 6	SPOUR A	QUE, XT	15T NS CENTER	"SCHOOL" TE	ACHI	ER Sc	hool	S
1	130 S	AL RESIDENCE (IF NURSING HOME OF TATE 136 COUMON MON	NTY	Give RESIDENCE BEFORE	N . 1	136 INSIDE CITY LIMITS?	13e STREET ADDRESS / Z 19310 Clui			076	0
24	14. FA	THER'S NAME				15. MOTHER'S MAIDEN NA		3 110	Juse Re	Jaa	
3		Thomas	WIDDIE	Hughes	3	UNK	MIDDLE		Stoff	t	
1		VAS DECEASED EVER IN U.S. AR	RMED FORCES?	166 SOCIAL SECU		17 INFORMANT	ADDRESS				
	, ,	res. non y Anowni	TE THAT ON DATES,	202 30	7090	Lewis Fune	eral Home (M	ledf	ord, N.	J.)	
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse per	line for (a), (b), an	d (c·)				APPROXI	MATE INTERVA	ATH.
		PART I DEATH WAS CAUSI		5 Annu							
Н		IMMEDIA			inc/le						447
		Conditions, if ony, which	DUE 10, OI	R AS A CONSEQUE	Sugli	Li FENON SUC	ment. Metache	- Lake	9.1	5 days	-
		gove rise to immediate	(6)—		2401	The state of the	and in the color	3 0 0		13	
		couse (o), stating the underlying couse lost	DUE TO, OI	R AS A CONSEQUE	NCE OF	No. Com			9	Les .	0.1
		DARKS OTHER CICALIFICANT	(c)			or car emor	~u			1947	7
	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	DNIKIBUTING TO I	JEATH BUT	NOT KELATED TO THE TERM	INAL DISEASE OR CONDIT	ION GIVI	EN IN PART TO		
-	4 ic	19s DATE OF OPERATION	IIII CONDI	ITION FOR WHICH	OPERATION	N WAS PERFORMED	20a AUTOPSY? I2	OF IE AEZ	, WERE FINDIN	ICS HEED	
>	CERTIFICATION	June 1987	Sma	U love Obs	metin	- Widespread Colon Can			YING CAUSES		?
	CER	210. ACCIDENT WAS UNDERLYING	216 TIME O	FINJURY M. MONTH DA	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY I	NITEM IS P	ART I OR PART 2)	100	
7	¥	OR CONTRIBUTING CAUSE OF DE	AIH		19						
	MEDICAL	21d INJURY OCCURRED	21e PLACE			ZII LOCATION	CITY OR TOWN		COUNTY	STAT	7.5
	×	AT WORK NOT WHILE	(AT HOME STR	PEET FACTORY, OFFICE F	ARM, ETC)	PINEEL	CITORIOWN		COURT	SIAI	16
		22a. I certify that (I) (this hosp	ital) attended the	e deceased from_	Sede	n fee- 1985	10 September	a	19 87	that (I) (we	e) lost
		sow the deceor plive or obove (1)	Septemb	eg 8 19_	87 on	d that in (my) (our) opinion (death occurred on the date	and hour	ond from the	couses state	ed
		226. SIGNATURE	of view the body	offer death.	I	DEGREE			22c. DATE	SIGNED	_
		May	w/7.	Reyn		MD ATTENDING PHYSICIAN	DIRECTOR PHYSICIA	N	9/8	187	
7		224 PHYSICIANIS NAME TYPE	OR PRINT	1		220 ADDRESS		0			
		Wayne L	Meyer	-, MO		19642 Clab H	ense how 4615	Gan	Kershing	x MD 2	10879
		URIAL, CREMATION, REMOVAL		ATTRICKS IN THE		METERY OR CREMATORY	23d LOCATION		COUNTY -	STAT	1E
		urial	9/11/			on Hills Ce			bon, Pe		
	24 FL	Hines/Rinald	i 11800) Newsella	mp.A	ve.S.S. Id DAT	E REC'D. BY REGISTRAR 25	000	70.	JRE	
					F	ISEP	15 1987 9	a Dam	idon Pan		1
				_	_						

DHMH - 16 60M 7/B4 (VRA 15, 4)

IMPORTANT: If Nem 21 is marked or Item 18 shows ony injury, or other troumotic event, the medical examine

and and

3681.6

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1-	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HYGI		. 0 /		
I	1 DEC	EASED NAME FIRST		MIDDLE		AST	REG. NO	MONTH DAY	YEAR	25 HOUR_
١		CLarer	ice L	LesLie	D	awson	10 DATE OF BEATT	9 29	9 87	6 A M
ı	3. SEX		4 RACE		5 DATE C		6. AGE (IN YEARS LAST BIR	THDAY) IF U	INDER I YEAR	IF UNDER 24 HRS. HOURS MIN.
	2 040	Male RTHPLACE (STATE OR FOREIGN	CAUCASI		MONTH 24	23 1900	87	YRS		HOURS MIN
	0	RTHPLACE (STATE OR FOREIGN OUNTRY) W JERSEY	USA	WHAT COUNTRY?	MARRIE		9 BALTIMORE CITY O	RCOUNTYON	DEATH	MD
		TY OR TOWN OF DEATH ITHERSBURG	(IF NOT IN SUC	HOSPITAL, NURSING HEALTH CA	ADDRESS)	OR OTHER INSTITUTION	126 USUAL CCUPATI (TYPE OF WORK FOR MOST OF METHODIST	F WORKING LIFE)	INDUSTRY	F BUSINESS OR
-	130 S	100.000		GIVE RESIDENCE BEFOR	VN	13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS 211 RUSSEI	ZIP CODE L AVENI	JE 20	876
)	14 FA	THER'S NAME ELLSWORTH	MIDDLE	DAWSO	N	IS. MOTHER'S MAIDEN NAM	MIDDLE .		HARR	is
		AS DECEASED EVER IN U.S. A		166 SOCIAL SECT	JRITY NO.	17 INFORMANT	ADDRE	SS		
ı	N		IVE WAR OR DATES)	578-50-	9700	GERALDINE T.	DAWSON/WII	FE/SAME		
1		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one couse per ED BY	r line for 101, (b1, or	id icy	Hant For	Pan.		BETWEEN	MATE INTERVAL
١		IMMEDIA	ATE CAUSE (0)	Carin		10-09 10			37.	promote
١		Conditions, if ony, which	DUE TO, O	R AS A CONSEQUE	ENCE OF	, or Just	matte	7	8-7	geno.
		gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, O	R AS A CONSEQUE	ENCE	is grading	N.		154	gens
	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CON	DITION GIVEN	IN PART 1 o)
	CERTIFICATION	19a DATE OF OPERATION	ITION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY? 20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO			OF DEATH?	
		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN	EATH HOUR A	OF INJURY .M. MONTH DAY YEAR .M. 19			RRED (ENTER NATURE OF INJURY IN ITEM 18 PART OR PART 2)			
	MEDICAL	WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, FARM, ETC.) 211 LOCATION STREET			CITY OR TO	wn	COUNTY	STATE
		270.1 certify that (I) (this has sow the deceased alive a	Π		OCT 5	nd that in (my) (our) opinion d	, toSEPT_29 eath occurred on the de	, 19. ate and hour or		that (I) (we) last causes stated
		276 DEGREE 276 SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN PHYSICIAN PHYSICIAN								30/9D
٦		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)			22e ADDRESS				
		STEVEN HALE				3000 DENT ST		NGTON,	D.C.	
		URIAL, CREMATION, REMOVA				EMETERY OR CREMATORY	23d. LOCATION		OHN'T	STATE
		BURIAL	OCT1,		EDAR 1	HILL CEMETERY		PRINCE		
	24 FU	NERAL DIRECTOR FRANC		ADDRESS	R.		RECD. BY REGISTRAP	256. REGISTRA	RE EIGNAT	THE .
1	50	O UNIVERSITY I	BLVD W S	LLVER SPR	ING, I	MD 20901 TCT (15 1987 au	La , Parentico	5- North	

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

IMPORTANT: If hem 21 is morked or item 18 shows ony

he funeral director, page 3 within 72 hours after death

papers. Pages ng physician

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

26767

	5 FISTRAR					TEATE OF BEATTI	REG. NO	0			
1. 0	ECEASED NAME	FIRST	м	IDDLE		AST	2e DATE OF DEATH	MONTH DAY	YE AR	26 HOU	
		ndrea	I	•	Del	agana	Se	pt. 9, 1	987	600	PM
3. S	EX	4 RACE			S. DATE C		6 AGE (IN YEARS LAST BIR	MONTHS	ER I YEAR	IF UNDER	24 HRS MIN
L	Female		lay	0	Nov.	30, 1909	77	YRS	0.113	HOOKS	Mild
7a 1	BIRTHPLACE ISTATE OR FO	REIGN 76. CITI	ZENOFV	VHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF D	EATH		
_	hillppines			S.A.	WIDOWE	DIVORCED [Montgom	ery			MD.
	Cabin John	65	01 IN SUCH	- 764 Pla	ADDRESS)	DR OTHER INSTITUTION	12e USUAL OCCUPATI (TYPE OF WORK FOR MOST O Housewife		KIND O DUSTRY Home	F BUSINE	SSOR
13a	JAL RESIDENCE (IF NURSIN STATE 1 Tyland	GHOME OR OTHER IN: 36 COUNTY Montgom		SIVE RESIDENCE BEFORE 131. CITY OR TOW Cabin Jol	N	13d. INSIDE CITY LIMITS? YES NO	13. STREET ADDRESS / 6504 7619	ZIP CODE	2081	8	
14. F	Claudio	MIDDLE	Iba	rrola		15. MOTHER'S MAIDEN NAM	WIDDLE	De	aya las	7	
	WAS DECEASED EVER IN	U.S. ARMED FO	DATEST	16b. SOCIAL SECU		17 INFORMANTDaught		3504 76h			0.0
	No	THE TEST OFFE WAR ON	DATES	091-34-4	796	Mrs. Violeta	D. Valle	Cabin Joh	nn, l	MD 20	0818
	18 CAUSE OF DEATH	(Enter only one c	ouse per l	ine for (a), (b), and	dicel				APPROXI	MATE INTER	VAL
	PART I. DEATH WA	IS CAUSED BY. MMEDIATE CAUS	E (a)	bneu	MOA	ia					
1				15 1 500 1550 15	NCCOC						
1	Conditions, if any,			AS A CONSEQUE	9 1A	tumor					
1	gove rise to imme	diote	(b)	- UL	411						
	couse (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF										
	2.07.0 071150 510.11		(c)								
Z	PART 2 OTHER SIGNI	FICANI CONDII	IONS CO	NIKIBUTING TO L	DEATH BUT	NOT RELATED TO THE TERM	NAL DISEASE OR CON	DITION GIVEN IN	PARI He	,	
CERTIFICATION	190 DATE OF OPERATION	ON 1196	196 CONDITION FOR WHICH OPERATION			N WAS PERFORMED	20a AUTOPSY?	20h IF YES, WER	, WERE FINDINGS USED		
문								IN CERTIFYING		OF DEAT	H?
E	21a ACCIDENT WAS UNDER	PLYING 1	. TIME OF	IN II IPV		21c HOW INJURY OCCURR	YES NO	YES [NO [
	OR CONTRIBUTING CA			A. MONTH DA	YEAR	THE TIOW HOSOKIT OCCORN	CO (ENIER NATURE OF INJUI	IT IN ITEM IS PART I OF	KPARI 2)		
S	(IF EITHER NOTIFY MEDICA		P.N		19						
MEDICAL	21d. INJURY OCCURRE	(AT	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.)			211 LOCATION STREET	CITY OR TO	wn co	YINUC	5	TATE
1	WHILE NOT WHILE AT WORK AT WORK										
	220.1 certify that (1) (this haspital) attended the deceased from Tauray 1984 to Sept 9 19.										we) lost
	saw the deceased alive on Sentember 1987, and that in (my) (aur) opinion death occurred on the date and hour a above ((1)) we) (did) (and any new the body after death.									couses sto	ied
	226. SIGNA URE		0	-	DEGREE		2	2c DATE			
	Tule	A M	Shellow.		ATTENDING PHYSICIAN	FIAND	9/11/87				
1	226 PHYSICIAN'S NAM	AE (TYPE OR PRINT)				22e ADDRESS	, 5.1.2.0.1 1111310				
	Richard	D. Schul	bert			1145-19 th St	, NW , Washing	ton, D.C.	200	136	
23a.	BURIAL, CREMATION, RI	EMOVAL 23b. D	DATE	23c N	AME OF C	EMETERY OR CREMATORY	23d LOCATION				
	Burial Re	emoval 9	/11/8	37 Na	tiona	1 Cemetery	Pinelawn,	Farming	dale	. N.	T. IE

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR. After this certificate has been signed by should be detached for use as the build-transit permit. Then please with the State Dept of Health and Mental Hygiene prior to burial, cr

IMPORTANT: If them 21 is morked or them 18 shows any injury, ar at

24 FUNERAL DIRECTOR JOSE PH GAW LET'S SONS, INC. 5130 Wisc. Ave, NW Wash, DATES 20016

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Julia Divider Rondallo

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	x				
7/11/0					
.D.C. 20036	objection, water	ooA5-ook st		troculo.	hamol
emingdale, T.T.	rinolsum, m	l Jenetery	* time	sob swlore c vo, ''' '''' '''	nalairus not .ooi, O(I?

STATE OF MARYLAND

DEPLOYER DIRECTOR, After this certificate has been signed by the mount to detached for use as the burial-transit permit. Then please removement the both of Mental Hygiene prior to burial, cremovers

BP.

DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL BYGIENE

L	8,8	REGISTRAR				CERTIF	ICATE OF DEATH		REG. N	O.				
		CEASED NAME	FIRST	A	AIDDLE	- 1	AST	2e. DATE OF	DEATH	MONTH -	DAY YEAR	R 2b H	IOUR	
	11111		rthur		E. Di	norose				9 9	87	12	:15AM	
	3. SE			4 RACE			OF BIRTH	6. AGE (IN YE	ARS LAST BIR	(YADAY)	IF UNDER 1 Y	EAR IF UN	IDER 24 HRS	
	N	Male		Caucasi	an	A11 Ø11 5	st 14 1913	74		YRS	MONTHS DA	HOUI	RS MIN.	
3	70 BI	RTHPLACE ISTATE OR F	OREIGN		WHAT COUNTRY?	8		9 BALTIMOR	E CITY O		TY OF DEATH	1		
		shington,D.	C	USA		WIDOWE	D NEVER MARRIED DIVORCED		omora	. 7				
		ITY OR TOWN OF DEA			IOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL O			12b. KIN	D OF BUS	MD. SINESS OR	
1		Olney		Montg	onery Ger	eral	Hospital	Engi					ernment	
A	130 S	AL RESIDENCE (IF NURS	136 COUN	OTHER INSTITUTION,	GIVE RESIDENCE BEFORE	ADMISSION)	134. INSIDE CITY LIMITS?	13e.STREET A	DDRESS .	/ ZIP CO	DE			
)	Ma	aryland	Montg	gomery	Wheaton		YES NO	11500				ad	20902	
1	14 FA	ATHER'S NAME					15. MOTHER'S MAIDEN N	IAME						
1		Arthur		J.	Dinger	2	Mabel		H.			renc		
		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT SO	n	ADDRE	ES810	McClai	in St	reet	
ı		No	, , , , , , , , ,	, , , , , , , , , , , , , , , , , , ,	578-14-3	3373	Arthur Edwin	n Dinger	Fr	ederi	icksbur	g, Va	.20410	
		IS CAUSE OF DEAT	H (Enter an	y ane cause per	line Jat Joseph and	Lieu.					APP BETWI	ROXIMATE IN	NTERVAL AND DEATH	
		PART I. DEATH W	'AS CAUSE	BY.	they bein	otor	arrest					5 me	inutes	
		DUE TO, OR AS A-CONSEQUENCE OF												
	Conditions, if ony, which (b) Trasheal - Isophageal Listula											wee	6.	
		gave rise to immediate												
		underlying cause		DUE TO, OF	AS CONSEQUE	NCE OF	Carnino				/	1100		
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN												
	CERTIFICATION	Muelou	ather	ONDITIONS CC	NIKIBUTING MOL	EAIH BUI	NOT RELATED TO THE TEN	RMINAL DISEASE	OR CON	IDITION G	SIVEN IN PAR	VI (a		
Z	CAT	190 DATE OF OURA	TION /	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20e AUTOR	P5Y?		ES, WERE FIN			
/	F							YES 🗍	ПОИ		TIFYING CAU YES 🖂		EATH?	
1	02	21a ACCIDENT WAS UNE	DERLYING [21t HOW INJURY OCCU			RY IN ITEM T	B PART I OR PART	2)		
		OR CONTRIBUTING		in	M. MONTH DA		100							
	MEDICAL	21d INJURY OCCUR		21e PLACE (19	211 LOCATION							
	ME	WHILE NOT WH			EET, FACTORY, OFFICE, FA	ARM, ETC 3	STREET		CITY OR TO	NW	COUNTY		STATE	
		AT WORK AT WO	RK -			Chil	07	1	2 1	1	9 877			
		220 I certify that (1) saw the decease	(thu-hospid	off offended the	deceased from	The	19.01	, to	gores	muce	1 19 0 /	, that	l) (we) last	
Ì		obove, (I)	id) (did no	view he body	ofter death.		that in (my) (over opinio	in death occurred	on the de	are and h		-		
		27b. SIGNATURE		0=			DEGREE	MEDICAL _	STAI		221.90	ME SIGN	ED	
1		Ju	les 7	Y CX	dish	74.	PHYSICIAN	DIRECTOR			100	plea	de 9, 1989	
		22d PHY N'S N	AME TTYPE O	cedimin 19			22e ADDRESS	1	2		1.	0	he	
		Jules	R. Lo	dish, M	.D.		29010	ever -	and	erx	precy	KL.	Olker W	
		BURIAL, CREMATION,		23b. DATE		AME OF C	EMETERY OR CREMATOR	234 LOCAT	ION /	1	1	1	7	
	Bı	rial		Sep. 12	,1987 Gat			CITY O	r Sp	rino	Montgo	merv	Md.	
		UNERAL DIRECTOR T	Franci	s J Co	11ine In	,		ATE REC'D. BY RE					110	
		00 Univers							1003	1.		wor. R.	deep	
	-	oo onivers	STLY I	OTAGO M.	PITAGE 3	Shrrus	g, ma. Zuyul	EP 17	TUX/	you	na Wana	20.19		

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

- 1	, ,	REGISTRAR				CERTII	ICATE OF DEA	(III	REG. NO).		
		OR PRINT)	M. FIRST M.	ary	D.	.0.	ASI Diamo	nd	20 DATE OF DEATH	MONTH	DAY YEAR 21	HOUR 730
1	V 750		mary	A DACE	U	WX C	MONI		AGE (IN YEARS LAST BIRT	The second	FUNDER I YEAR II	M UNDER 24 HRS
	1 SE)	F	0	RACE	cona	S. DATE (YEAR O I	76	YRS		OURS MIN,
4			TE OR FOREIGN	16 CITIZEN OF	WHAT COUNTR	RY? B	D NEVER MAI	2015	BALTIMORE CITY O	COUNTY	OF DEATH	
1		TILL	011	TIL	chay	MARRIE		RCED	MONTER	mzR	Y	MD.
7	и сі	TY OR TOWN O	F DEATH	11. NAME OF	HOSPITAL, NUR	SING HOME	OR OTHER INSTITU	MOITI	120 USUAL OCCUPATE		126 KIND OF	
8	100		Spring	Ho1y	Cross	Hospi	ltal		Housewif	e working th	(FE) INDUSTRY	
5	13a. S	MO	NURSING HOME OR 13b, COUN		13c. CITY OR TO			0 🗆	13. STREET ADDRESS	ZIP CODE	p. Av.	7039
51	A FA	Stanle		MIDDLE	KARAS	1	15. MOTHER'S M Yoka	1	E		Coi	s
1		VAS DECEASED I VES, NO OR UNKNOW		WED FORCES? E WAR OR DATES)	578 -4	0 - 0850	17, INFORMANT Barbara		ADDRE (Daughter		Kersey R	
March		PART I. DEA	DEATH (Enter on TH WAS CAUSE) IMMEDIAT	y one couse per D BY. E CAUSE (o)	0	and ici.i	Heart	Fa	Mure		METWEEN ON!	TE INTERVAL SET AND DEATH
-		100		DUE TO, O	RAS A CONSE	QUENCE OF_					11.	stant !
		Conditions, if		((b)_	Buitz	_ (son of	13			Many	years
		gave rise to couse (0),	stoting the	DUE TO, O	R AS A CONSE	QUENCE OF						
		underlying	cause last.	((c)_								
	NO	PART 2 OTHER	RPUAL		ontributing t	TO DEATH BUT	NOT RELATED TO	THE TERMIN	NAL DISEASE OR CONI	DITION GIV	EN IN PART Tra	
1	CERTIFICATION	190 DATE OF O	PERATION	196 COND	ITION FOR WHI	ICH OPERATIO	N WAS PERFORM	ED	200 AUTOPSY? YES NO		S, WERE FINDING FYING CAUSES OF	
7	CER	Ila. ACCIDENT W	AS UNDERLYING C	216 TIME O	F INJURY	DAY YEAR	21c. HOW INJUI	RY OCCURRE	ED (ENTER NATURE OF INJUR	IN ITEM 18 I	PART I OR PART 2}	
1	CAL		Y MEDICAL EXAMINER		M.	19						
	MEDICAL	216 INJURY OC	OT WHILE	21e PLACE (A1 HOME STI	OF INJURY REET FACTORY OFFI	CE, FARM ETC)	211 LOCATION		CITY OR TO	WN	COUNTY	STATE
		-	of (I) this hospit	tal) ottended in	ne deceased fro	m	9	19 87	. 10 9/1	4	19. 7. the	at (I) (we) lost
		saw the de	eceased alive an	1) view the bady	after death.	87.0	nd that in (my) (ou	r) opinion d	eath occurred on the do	ite and hou	or and Iram the co	uses stated
		226. SIGNATUR		-			DEGREE		J-1-40-2-1-1-1		220 DATE SI	NED /
		Hew	au s	3	Ray	^	PHY	ENDING X	MEDICAL STAR	IAN	9/	15/87
		724 PHYSICIAN	I'S NAME (TYPE O	R PRINT)	1		22e ADDRESS	10513	6000919	B	LB 1	
		Horma	u B	. 26	29al	MD	Silver	92	ring /	le		
		BURIAL, CREMAT	ION, REMOVAL	236 DATE			EMETERY OR CRE		23d LOCATION		of Charlet	LIATE
		Burial		9/17/	87 G	ate of	Heaven C	emeter	ry S.S.	Mo	nt. Mar	yland
34		JNERAL DIRECTO		1000 :-	40000			25a DATE	REC'D. BY REGISTRAR	256 REGIST	TRAR'S SIGNATUR	
~		Hines/Ri	inaldi 1	T800 Ne	w Hamp.	Ave.S.S	.Md.	SE	P 17198/	luina L	Cordson Ran	dath

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR, J should be detached for use with the State Dept, of Hea

and the state of t

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ompletely filled in by to and 2 should be filed

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	FOR STATE PEGISTRAR			DEP		HEALTH AND MENTAL	. É ÝGIENÉ	REG. N	0 /		
1. D.	ECEASED NAME	FIRST	1	MIDDLE		LAST	2e. DATE		MONTH	DAY YEAR	26 HOUR
(14)	PE OR PRINT)	NN		7	1	TXON	SF1	PTEMBE1	2 22	1987	8:05A
3. SI			RACE		5. DATE	OF BIRTH	6. AGE (IN YEARS LAST BIR		E UNDER I YEAR	IF UNDER 24 HRS
	FEMALE		CAUCAS	TAN	Juv				YRS	MONTHS DAYS	HOURS MIN.
70 E	COUNTRY)	OREIGN 7	CITIZEN OF		TRY? 8	D NEVER MARRIED	- IN BALTIA	ORE CITY O		Y OF DEATH	
	MARYLAND		U.S.A		WIDOW	DIVORCED	□ MON	TGOMER	V		MI
	ITY OR TOWN OF DEA	TH 1	LIE NOT IN SUC	HEACHITY GIVE	STREET ADDRESS)	OR OTHER INSTITUTION	120 USUA	OCCUPATION MOST	ON	126 KIND C	F BUSINESS OF
	Rockville		Rockvi	lle Nu	rsing H	ome	Cle	rk		U.S.	Gov't
13a.	JAL RESIDENCE (IF NURS STATE aryland	136 COUNT	gomery	13c CITY OR	BEFORE ADMISSION) TOWN T Sprin	134 INSIDE CITY LIMIT		T ADDRESS			2090
	ATHER'S NAME					15. MOTHER'S MAIDE					
1	FRANCIS	M	IDD{€	GONDI		MARY		MARTHA		CAS	TEEL
	WAS DECEASED EVER		ED FORCES?	16b. SOCIAL	SECURITY NO.	17 INFORMANT	SON	ADDRE	SS 107	12 JAMA	
	ES	1918-		216-4	4-2925	LAWRENCE I	K. DIXON	, JR.		ER SPRI	
	18 CAUSE OF DEAT PART I. DEATH W	H (Enter only	one couse per	line for (o), (b	ol, and (ci.)			2	0902	BETWEEN	MATE INTERVAL
CERTIFICATION	PART 2 OTHER SIGN	VIFICANT CO				NOT RELATED TO THE		ASE OR CON		VEN IN PART 110	
STIFIC	THE DATE OF GREAT				THE TOTE EXAMPLE	THE OWNER	YES	NO[IN CERTI	FYING CAUSES	
4	OR CONTRIBUTING (AUSE OF DEATH	Ρ.	M. MONTH	DAY YEAR	2)c. HOW INJURY OC	CCURRED (ENTER	NATURE OF INJUI	RY IN ITEM 18	PART I OR PART 2)	
MEDICAL	21d INJURY OCCURI	ue 🗇	21e PLACE (OF INJURY REET, FACTORY, OF	FFICE, FARM, ETC	211 LOCATION STREET		CITY OR TO	WN	COUNTY	STATE
E	220. I certify that (I) sow the decease above, (I) (we) (c				MARCI 19 97.0	nd that in (my) (our) op	to	EPT 22	ote and hou		that (I) (we) los couses stated
	22d PHYSICIAN'S NA	he	11/4	Mr.	ul	ATTENDIN PHYSICIA 220. APDRESS	NG MEDICA AN DIRECTO	AL STAI		22c. DATE	SIGNED
	FRAUK	WEST	PHAL, M.	0'.	80.5	809 VIERS	MILL R	DAD RO	CKVIL	LE, MD.	20851
230	BURIAL, CREMATION,		23b. DATE			EMETERY OR CREMATO		CATION LTY OR TOWN		COUNTY	SLATE
24 5	BURIAL	ED A NOT	SEPT25	,198/	AKLINGI	ON NATL CEN	M ARL	INGTON			RGINIA
50	O UNIVERSI	TV RIV	.5 J. C	JLLINS	JK.	D.I.	FP 28 10	R7	THE KENDIS	down-Rand	ALL I
20	ONTARVET	TT DPA	D. M.D.	TPAGE 2	or wing,	LID TOAOT		101			

DHMH - 16 60M 7/84 (VRA 15, 4)

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

STATE OF MARYLAND CERTIFICATE OF DEATH REG. NO

65	774 SEP 18	87	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	IENE REG. NO			
	. e =		CEASED NAME FIRST OR PRINT)		WIODLE		AST			ZEAR ZE HOUR A	
	poge 3				RONG DODI			SEPTEMBER		9:55 M	
	of poster p	3 SEX		4. RACE	TAN	S. DATE C			MONTHS MONTHS	DATS HOURS MIN	
	Poge		FEMALE RIHPLACE (STATE OR FOREIGN	CAUCAS	WHAT COUNTRY?	8.		74 9 BALTIMORE CITY O	P COUNTY OF DEA	TH	
	8 21 of	(SSACHUSETTS	UNITED		MARRIE	DIVORCED D		Y County		
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	IG HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATI	ON 126 K	IND OF BUSINESS OR	
201	by the		BETHESDA		NAVAL HOS	SPITAL		REGISTERED		EALTH CARE	
MARYLAND 2120	2935	130 S MA			13c. CITY OR TOW KENSING	N	YES 🕅 NO 🗒	13e STREET ADDRESS / 5029 WHITE		RIVE 20895	
MARYL	moletely one 2 s	14 FA	THER'S NAME GEORGE GOR	DON ARMS	TRONG		15. MOTHER'S MAIDEN NAME FIRST BESSIE NIXON LAST				
ORE.	dicol licol		VAS DECEASED EVER IN U.S. AL	RMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE			
BALTIMORE.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		NO (IF YES, G	_	216-60-1	767	ARTHUR W.DODD				
8AI	at, the		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly one couse per				, MD 20895		APPROXIMATE INTERVAL	
ST.	C eve		IMMEDIA	TE CAUSE (o)	SQUAMOUS	CELI	CARCINOMA OF	THE ESUPHA	GUS		
PRESTON ST	tendi e cor		Conditions, if ony, which	1	R AS A CONSEQUE	NCE OF					
000	he de motro		gave rise to immediate couse (a), stating the	(b)_		NOT OF					
≥.	by t ose r ose r othe	u	underlying couse lost.	(6)	r as a conseque	INCE OF					
05, 201	signed signed hen ple to burid	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO S	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PA	ART Iro	
DIVISION OF VITAL RECORDS,	he low re on. hos been t permit. I ene prior	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FIN CERTIFYING CA	FINDINGS USED AUSES OF DEATH?	
OF VITA	ICIAN. The graphs of the control of		210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE	ATH HOUR A	OF INJURY .M. MONTH DA	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART TORP	ART 2)	
IVISION	Offending offending ter this ca is the burn ond Me	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	(AT HOME ST	OF INJURY REET, FACTORY, OFFICE F		211 LOCATION STREET	CITY OR TO	wn cour	NIY STATE	
0	TTENDIN pitol or TOR: Af for use o of Health		229 I certify that (I) (this hasp sow the deceased alive a	SEPTEME	BER 10 19 8	AUGUS	ST 26 , 19 87 and that in (my) (our) opinion o	to SEPTEMBE death occurred on the de		, 11101 11 (110)	
	hospined them		226 SIGNATURE	or view the body	oner deom.		DEGREE		220	DATE SIGNED	
	Y the O y the Cal D detochore D ore		Alrino	Benel	hi M	D.	ATTENDING PHYSICIAN	MEDICAL STAI		9/10/87	
100	A Se E P		22d PHYSICIAN'S NAME (TYPE	OR PRINT)			77e ADDRESS NAVA	L HOSPITAL		1	
SC 2 -	O HOSI		D. A. BIANCH		IC. USN			IESDA, MD 20	814-5011		
Million			BURIAL, CREMATION, REMOVA	0	ept. 23ch		EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE	
	BP	24 51	Cremation	11, 1		0	ery Crematori	un Inc. Be	thesda	Maryland	
4	DHMH - 16 60M 7/84 (VRA 15, 4)	Be	thesda-Chevy 7557 Wisconsin	hase Fun Ave Bet	thesda, M	eraı aryla:	nd 20814 SEF	15 1987. 9	who Deviden	Mondale	

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGHNE

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Ĩ	2 0	REGISTRAR				CERTIF	ICATE OF DEATH	REG. I	40		
9		CEASED NAME	FIRST		MIDDLE	L	AST	20 DATE OF DEATH	MONTH D		26 HOUR A
			WILI	LIAM GEM	MELL DODI	OS .		SEPTEMBER	26 198	37	4:30 M
ı	3. SEX			4 RACE		5 DATE C	DAY WEAR	6 AGE (IN YEARS LAST B		FUNDER I YEAR	IF UNDER 24 HRS
		MALE		CAUCASI	AN	SEP	rember 4 1924	63	YRS		
)		RTHPLACE I STATE OR F	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
	0	OHIO		UNITED		WIDOWE	D DIVORCED	MONTGO	MERY CO	UNTY.	MD.
7		BETHESDA		(IF NOT IN SUC	NAVAL HOS	ADDRESS) SPITAL	DR OTHER INSTITUTION	120 USUAL OCCUPA (TYPE OF WORK FOR MCST Sr. Master	OF WORKING LIFE)	INDUSTRY	A.F.
1		AL RESIDENCE (IF NURSI TATE RYLAND		OTHER INSTITUTION OT Y	BETHESDA		13d. INSIDE CITY LIMITS? YES NO 🛣	13e STREET ADDRESS 7212 BEI	ZIP CODE	L ROAD	20817
n	14 FA	THER'S NAME		WIDDIE	LAST		15. MOTHER'S MAIDEN NA	AME MIDDLE	In Walls	tAS:	
		MATTH	IEW		DODDS		HEL	EN M			MELL
I	16a W	VAS DECEASED EVER	HE VES GIV		166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDI	RESS		
	,	YES	1941	1967	182-12-5	5119	ANITA N.DODD	S,7212 BELL	S MILL	ROAD, E	ETHESDA,
ì		18 CAUSE OF DEATH	H Enter an	ly one cause per	line far (a), (b), and	d ic	MD 20817			APPROXI	MATE INTERVAL
		PART 1. DEATH W		D BY. TE CAUSE (a)	ATHERS	CLERG	OTIC CARDIAC	VASCULAR DI	SEASE	100	
					R AS A CONSEQUE						
		Conditions, if any,	which	(b)			ELLITUS				
		gave rise to imm	nediate	DUETO	R AS A CONSEQUE						
		underlying couse		(6)	K AS A CONSEQUE	INCE OF					
		PART 2 OTHER SIGN	VIFICANT (ONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TER/	MINAL DISEASE OR CO	NDITION GIVE	N IN PART 1:0	
	NO.										
1	CAT	190 DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206 IF YES,	WERE FINDIN	IGS USED
	TE							YESX NO	YES	ING CAUSES	NO []
,	CERTIFICATION	71a. ACCIDENT WAS UND	-	216 TIME O	FINJURY M. MONTH DA	V VEAD	71c HOW INJURY OCCUP	RRED (ENTER NATURE OF IN	URY IN ITEM 18 PAR	RETORPART 2)	
	¥.	OR CONTRIBUTING C		(IN		19					
	MEDICAL	214 INJURY OCCURR		71e PLACE	OF INJURY		71f LOCATION	CITY OR 1	Other	COUNTY	STATE
	×	WHILE NOT WH	ILE	(AT HOME STR	EET, FACTORY, OFFICE, F	ARM, ETC)	SIKEEI	CITTORY	OWW	0001417	31816
H		220 1 certify that (I)		tal) attended the	e deceased from	SEPTEN	MBER 24 19 87	, to SEPTEMB	ER 26	9 87	that (I) (we) last
		saw the decease abave, (I) (we) (d	d alive an	SEPTEMB	FR 26 19 8	37, ar	nd that in (my) (aur) apinian	death occurred an the	date and haur	and fram the	causes stated
		226. SIGNATURE	. 4	i Budy	arter death		DEGREE WWY)			220 DATE	SIGNED
		of tally	N.	- Sola a	- 6005)	ATTENDING PHYSICIAN	MEDICAL ST.	ICIAN	288	EP87
		22 d. PHYSICIAN'S NA	A E (TYPE C	R PRINT)	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Tage ADDRESS	L HOSPITAL		12. 0.10	
		WESTBY &	FISH	HER. LT.	MC, USN			ESDA, MD 20	814-501	11	
		URIAL, CREMATION,				IAME OF C	EMETERY OR CREMATORY	23d LOCATION	014-70		
	(:	Buria1		30, 19	Sept. Ar.	lingt	on National	Arlingto	n	Vir	ginia
	24. FU	thesda-Che	Robers			nera1	Home/ 250 DA	TE REC'D. BY REGISTRA			
	Ве	thesda-Che	vy Cl	nase, In	Bethesda	Mass	rland OC	T 0 2 4007	1. S. K.	מל ו:	
		IJJI WIS	LUID.	LIL AVE.	DELUESUA.	l'id l'	Land 90	- CP	المتالف بالمنافقة الم	ESTANO INC.	

DHMH - 16 60M 7/84 (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN

CERTIFICATE OF DEATH

- STATE 065802 SEP 16 87 REGISTRAR DECEASED NAME 20 DATE OF DEATH MONTH 26 HOUR CTYPE OF PRIN DONOVAN September 11,1987 12:57 NORMA E. 3 SEX 4. RACE 6. AGE (IN YEARS LAST BIRTHDAY) 5. DATE OF BIRTH IF UNDER : YEAR EUNIDER 21 MD MONTH January 13,1928 Female Caucasian RIRTHPLACE ISTATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Montgomery lassachusetts WIDOWED DIVORCED CITY OR TOWN OF DEATH NAME OF HOSPITAL. NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR type of work for most of working life) Bookkeeper Const. Supply Filbert Ct. Gaithersburg SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 4 Filbert . Court 20879 Gaithersburg Md. Montgomery FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Smith Riordan Margaret Thomas 448REForest Beach Rd. 160 WAS DECEASED EVER IN U.S. ARMED FORCES 16h SOCIAL SECURITY NO 17 INFORMANT 032-14-1498 Timothy Donovan Annapolis, Md. 21401 no 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY: LUNG 4 months DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG CERTIFICATION ear 90 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES TO NOTX 210. ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART ? HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 71d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY (AT HOME STREET FACTORY, OFFICE FARM ETC.) WHILE NOT WHILE 220.1 certify that (I) tills not made attended the deceased trai saw the deceased olive on_ and that in (my) (a opinion death occurred on the date and hour and fram the causes stated DEGREE 220 DATE SIGNED MEDICAL STAFF ATTENDING PHYSICIAN 23a BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY Cremation Sept. 12, 1987 Balto./Wash. Crem. Laurel, P.G., Maryland 24 FUNERAL DIRECTOR

DHMH - 16 60M 7/84 (VRA 15, 4)

Muriel H. Barber

Laytonsville, Md. 20879

DHMH - 16 60M 7/84

(VRA 15, 4)

- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL YGIENE CERTIFICATE OF DEATH

01

DIVORCED

17 INFORMANT

5. DATE OF BIRTH

MONTH

MARRIED X

WIDOWED

11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

REG. NO

2a. DATE OF DEATH 26 HOUR AGE (IN YEARS LAST BIRTHDAY) BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY DEPT OF COMMERCE U.S. GOVERNMENT 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 407 MANSFIELD ROAD 20910 15. MOTHER'S MAIDEN NAME MIDDLE MARGARET WALTERS ADDRESS EDNA H. DONNELLY/WIFE/SAME AS 13 AFFECTIMATE INTERVAL BETWEEN COORT AND SEAT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 110 206 IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOT 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IS PART I OR PART 2) STATE CITY OR TOWN COUNTY and that in (my) (our) opinion death occurred on the date and hour and from the causes stated ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN

BURIAL

(SPECIFY)

?3c NAME OF CEMETERY OR CREMATORY WESTMINISTER CEMETERY

??e ADDRESS

DEGREE

21f LOCATION

STREET

234 LOCATION MANAYUNK MONTGOMERY

FRANCIS J. COLLINS, JR. 24 FUNERAL DIRECTOR

236 DATE

500 UNIVERSITY BLVD. W SILVER SPRING, MD 20901

SEPT25,1987

21b. TIME OF INJURY

P.M

21e PLACE OF INJURY

AT HOME STREET FACTORY OFFICE, FARM ETC)

HOUR A.M.

MIDDLE

Th CITIZEN OF WHAT COUNTRY?

M OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION

13c CITY OR TOWN

DONNELLY

166 SOCIAL SECURITY NO

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

19

MONTH DAY YEAR

219-42-4934

DUE TO: OF AS ACONSEQUENCE/OF

SILVER SPRING

CAUCASIAN

Seorge

1136 COUNTY

MONTGOMERY

IMMEDIATE CAUSE

MIDDLE

067334 661-187

George & Permelly A AR THE

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A STATE OF THE STA

STATE OF MARYLAND

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	CODI	17.87.		DEPARTA		EALTH AND MENTAL HY	SIENE 7 9	6 1 7	4	
-/	30	REGISTRAR			CERTIFI	CATE OF DEATH	. REG. NO		0	
		DECEASED NAME FIRST		MIDDLE	LA	St 18	20 DATE OF DEATH MO	NTH DAY YEAR	26 HOUR	
deoth deoth	1	PPE OR PRINT) Florence	~~	T.	Dorse	37	Sept.	9, 1987	2:49 1	
000	3.	SEX FIOLETIC	4 RACE	110	5. DATE OF		6 AGE (IN YEARS LAST BIRTHDA		IF UNDER 24 HRS	
offe.		Female	Blac	716	Apri	DAY YEAR	0.0	MONTHS DAYS	HOURS MIN	
direc	70	BIRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	Apr.	11 1, 1891	96 BALTIMORE CITY OR C	YRS DEATH		
200	6	COUNTRY)		WHAT COUNTRY:	MARRIED	NEVER MARRIED	MONTGOME			
()	1	MD	USA		WIDOWE				٨	
23 4	C.	CITY OR TOWN OF DEATH		CH FACILITY, GIVE STREET		ROTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WIT	ORKING LIFE) INDUSTRY	F BUSINESS C	
a led	6	Olney	Montgo	mery Gene	eral H	ospital	Housewit			
d be	2 13	UAL RESIDENCE (IF NURSING HOME STATE 136 CO		GIVE RESIDENCE BEFORE	ADMISSION)	134 INSIDE CITY LIMITS?	13g STREET ADDRESS / ZI	IP CODE 20	855	
	2		ontg.	Derwoo	d	YES NO	16108 Crah	obs Branc	h Way	
2 tel	14	FATHER'S NAME				15 MOTHER'S MAIDEN NA	ME		-1-1-1	
ald word	CV	Willia	m H. Powell			FIRST	LAS	it .		
0 -/	160	WAS DECEASED EVER IN U.S.		166 SOCIAL SECU	JRITY NO.	17 INFORMANT	ADDRESS			
Poges-		(YES NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES	218-30-	6629	Carol Burg	ess (Daught	ter) same	as #	
S S	 	18 CAUSE OF DEATH (Enter		-			(Budgii		IMATE INTERVAL	
1/3	1	gave rise to immediate couse (a), stating the underlying cause last	DUE TO, O	R AS A CONSEQUE			VII			
		onderlying coose lost	(0)							
4	4	PART 2. OTHER SIGNIFICAN	T CONDITIONS CO	ONTRIBUTING TO D	DEATH BUT I	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITI	ION GIVEN IN PART THE	a	
n signification of the property of the propert	200	PART 2. OTHER SIGNIFICAN			7		/	16		
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Rockville, MD 20850

DHMH - 16 60M 7/84 (VRA 15, 4)

George R. Snowden

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Total Control of the	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3	9 01	REGISTRAR				CERTIF	ICATE OF DEATH	REG	NO.			
	1. DEC	CEASED NAME	FIRST	_ ^	AIDDLE	l.	AST	20 DATE OF DEATH		DAY YEAR	26 HOUR	
	11118	MAR	LY	Der	Vice.	Du	VALL	0	9-01	-87	9:25	-4
	3. SEX	(4 RACE	0 0	5 DATE C		6 AGE IN YEARS LAST !		IF UNDER - YEAR	IF UNDER 74	HR5
1		MALE		WHITE	E	MONTH	- 28 - 38	48	YRS	MONTHS DATS	HOURS	A IN:
1	7a BII	RTHPLACE (STATE OR FO	REIGN	Th CITIZEN OF	WHAT COUN	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH		
	Wa	shington	DC	USA		WIDOWE		Montgome	ry			MD
1	/	TY OR TOWN OF DEAT	11	(IF NOT IN SUC	H FACILITY, GIVE	STREET ADDRESS)	OR OTHER INSTITUTION	170 USUAL OCCUPA	TOF WORKING LIFE	EL INDUSTRY	F BUSINESS	
4	400	koma Park	E				tist Hospita	1 Owner	Day	Care (Cente	r
2	13a S	AL RESIDENCE (IF NURSIN	36 COUN	TY	13t. CITY OR	TOWN	136 INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE			
4			Pr	George	Ber	kshire		6508 Gra	ifton	Street	20	747
1	14 FA	THER'S NAME		AIDDLE	LAS	st.	15. MOTHER'S MAIDEN NAM	WE		LAS	T	
(1	Bernard			Higgs		Margaret			Johns	on	
7		VAS DECEASED EVER IN		WAR OR DATES		SECURITY NO.	17 INFORMANT		RESS			
	107	No			578-4	8-6976	Pamela T I	Duvall	Sam	eas #]		
		18 CAUSE OF DEATH	(Enter onl	y one couse per	line for 101, (b), and (c).)				BETWEEN	MATE INTERVAL ONSET AND DE	ATH
		PART I. DEATH WA		E CAUSE (b)	CAR	DIAC	ARREST					
				DUE TO OF	S AS A CONS	SEQUENCE OF						
		Conditions, if any,		(tb)		DIOGO	ENIC SHO	ock.				
		gave rise to imme		DUE TO OF	AS A CONS	SEQUENCE OF						
		underlying cause	lost	(6)	AS A CONS	SEP	TIC SHOE	K.		300		
		PART 2 OTHER SIGNI	FICANTO	ONDITIONS CO	NTRIBUTING	G TO DEATH BUT	NOT RELATED TO, THE TERM		NDITION GIV	EN IN PART 110		
	NO	REPEAT	60	Life.	- THA	PEATEN!	NE VENTA	RICULAR	ECTO	PY.		
_	CERTIFICATION	190 DATE OF OPERATION	ON	196 CONDI	TION FOR W	HICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES	, WERE FINDIN	GS USED	
	TIFIC	8/29/8	1	COR	TRICUL	1116164	CTOPY OCCLUSION	YES NO	YES YES	YING CAUSES	NO T	
1	CER	210. ACCIDENT WAS UNDE		21b. TIME O	FINJURY		21c HOW INJURY OCCURR	RED (ENTER NATURE OF IN	JURY IN ITEM 18 PA	ART I OR PART 2)		
	AL	OR CONTRIBUTING CA		in .		DAY YEAR	Marie					
	MEDICAL	216. INJURY OCCURRE		21e PLACE (OF INJURY		211 LOCATION			COUNTY		_
	M	WHILE NOT WHILE	E 🗍	(AT HOME STR	EET, FACTORY, O	FFICE, FARM, ETC)	STREET	CITY OR	OWN	COUNTY	STAT	E
		220.1 certify that (I) (I		ol) ottended the	deceased f	rom	129 1987	9	17	1987	that (I) (we)	last
		saw the deceased	d olive on.	9	11	19 8 7 . 01	nd that in (my) (our) opinion o	death accurred on the	date and hour	and from the	couses state	d
		27h SIGNATURE	an raid has	The Body	orrer death.		DEGREE			22c DATE	SIGNED	_
		Sal	lli	Kem/		\	M.D. ATTENDING	MEDICAL ST DIRECTOR PHYS	AFF	91	1/87	
		22d. PHYSICIAN S NAM		CHINTO	_	_	27e ADDRESS /03/3	GEORG	- 1 /	V.	., -	_
		SAMIA	e 1	KIMAi,	MD-		SILVER S	pointe	1.1	20902		
	23a B	URIAL, CREMATION, R	EMOVAL	23b. DATE		23t. NAME OF C	EMETERY OR CREMATORY	234 LOCATION		702		
	É	Burial	11,-11	4Sept	1987		gton Nationa	al Cemete	ery S	ultla	nd PG	N
	24 FU	INERAL DESERVE	t E	Wilhelm	m	RESS _	25a. DATI	P 8 1987	R 256 REGISTI	RAR'S SIGNAL	URE	
		Funera			ADDI	Suitlar	nd. Md. St	17 BR/	Velulia D	undern-K	andalk	

Suitland, Md.

DHMH - 16 60M 7/84 (VRA 15, 4)

Funeral Home

MPORTANT: If Hem 21 is marked ar Item 18 shows any injury, ar other traumatic event, 🌓

Design Control of the

STATE OF MARYLAND TO DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

26778

8	71 -	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HYG	IENE REC	26-	778		
		CEASED NAME	FIRST	HICE.	C,	E	aston	20 DATE OF DEAT	8 3	D 87 103		
	3 SE	Male	4	RACE Whit	e	S. DATE C	DAY. YEAR	6. AGE (IN YEARS LAS	ST BIRTHDAY)	FUNDER LYEAR FUNDER 24 NO.		
7		RTHPLACE (STATE OR I	FOREIGN 7		WHAT COUNTRY?	MARRIE WIDOWE	DENEVER MARRIED DIVORCED	9 BALTIMORE CIT	ntgomery			
2	10. CI	Rockville	ATH 1	1. NAME OF H	H FACILITY, GIVE STREET	ADDRESS)	Shady Grove Straty Grove Itist Hospital	176 USUAL OCCUI	OST OF WORKING LIFE			
1	13a S	AL RESIDENCE (# NURS TATE aryland	136 COUNT		GIVE RESIDENCE BEFORE 13c. CITY OR TOW Germanto	N	13d. INSIDE CITY LIMITS?	136 STREET ADDRE		20874 Road, Lot 78		
	A FA	THER'S NAME FIRST MAURICE		DDLE C •	LAST East	on	15. MOTHER'S MAIDEN NA/ Dorothy	MIDD	•	Ecker		
		VAS DECEASED EVER YES, NO OR UNKNOWN) YES		WAR OR DATES)	220-01-4		Mildred B. E			derick Rd., Lo nn, Md. 20874		
		18 CAUSE OF DEAT PART I. DEATH W	H (Enter only /AS CAUSED IMMEDIATE	BY	(1,	Loger	in shoot			APPROXIMATE INTERVAL BETWEEN QUSET AND DEATH		
		Conditions, if ony,		DUE TO, OF	R AS A CONSEQUE	ENCE OF	which is	Junch		46		
		gove rise to immore couse (a), stating underlying cause	ng the	DUE TO, OF	RAS A CONSEQUE	INCE OF	arty Dus	Lovae		> 3 yrs		
	NOI	PART 2 OTHER SIGN	VIFICANT CO	ONDITIONS CO	ntributing to a	TRIBUTING TO DEATH BUT NOT RELATED TO THE TERM			LVA			
	CERTIFICATION	19a DATE OF OPERA	TION	196 CONDITION FOR WHICH OPERATION WAS PERFORM			N WAS PERFORMED	ORMED 200 AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH				
		21a ACCIDENT WAS UNI OR CONTRIBUTING (IF EITHER NOTIFY MEDI	CAUSE OF DEAT	21b. TIME O HOUR A.	M. MONTH DA	AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF	INJURY IN ITEM 18 PA	ART 1 OR PART 2)		
	MEDICAL	21d INJURY OCCUR		21e PLACE (OF INJURY BET, FACTORY OFFICE, F	ARM EIC)	21f LOCATION STREET	CITY	ORTOWN	COUNTY STATE		
		220 I certify that (1) sow the decease abave, (1) (we) (ed olive on	8 30	10	4	nd that in (my) (our) opinion	death occurred an t	he date and haur	and fram the couses stated		
,		276. SIGNATURE	Jun	~	49		DEGREE ATTENDING PHYSICIAN 1	MEDICAL DIRECTOR PH	STAFF IYSICIAN []	271. DATE SIGNED		
		22d. PHYSICIANIS N.	ENNIL	FALFO	up		27e ADDRESS	SHATDY (Grow &	Co, Roemille,		
	23a (BURIAL, CREMATION, ISPECIEVI Buria		23b DATE Sept.	3, 1987 Res	thave	emetery or crematory en Memorial Ga	23d LOCATION	derick	Frederick, Ma		
	24 F	O6 East Ch	th, Ke	eney & street,	Basford Frederic	Funer k, Md	21 Home 25 DA	5 REG D 4 1987	RAR 256 REGISTS	RARMONNATURE		

DHMH - 16 60M 7/B4 (VRA 15, 4)

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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REG	NO			-10	

66513	SEP 23	97-	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAPHY	GIÊNE REG. NO		
<u>.</u> e	4		CEASED NAME FIRST OR PRINT) William	Lin	MIDDLE Idsay	Edwa	rds	20 DATE OF DEATH MONTH	20 87	2b HOUR 11:28A
t 4 miny	other de	3. SE	Male	4. RACE Wh	ite	5. DATE C	DAY YEAR	& AGE (IN YEARS LAST BIRTHDAY)	FUNDER I YEAR	
Of the	122		RIHPLACE (STATE OR FOREIGN OUNTRY) Ohio	76 CITIZEN OF	WHAT COUNTRY?	08 MARRIE WIDOWE	04 12 D L NEVER MARRIED D DIA DIVORCED D	75 YRS BALTIMORE CITY OR COUN Montgomer	TY OF DEATH	MD
of the fu	69	10. CI	Olney	11. NAME OF	HOSPITAL, NURSIN	IG HOME C	OR OTHER INSTITUTION 1 Hospital	12a USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE) INC		OF BUSINESS OR
Z4 hours	35	13a S	AL RESIDENCE (IF NURSING HOME OF TATE 136 COL		GIVE RESIDENCE BEFORE	'N	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CO		
MARYL	150	14 FA	THER'S NAME FIRST William Li	Lindsay Edwards			15. MOTHER'S MAIDEN NA FIRST Marie	AME	von Muralt	
IMORE,	is: Pages 1	- {*	/AS DECEASED EVER IN U.S. A (IF YES, O NO	RMED FORCES? IVE WAR OR DATES)	166 SOCIAL SECU 281 12	N.C. 2 lian Tra	7609			
ST., BALI	emaval.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA	inly ane cause pe ED BY ATE CAUSE (a)	r line far (a), (b), an	dici	ory Arre	t	APPRO BETWEEN	XIMATE INTERVAL NONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 NG PHYSICIAN The last sequent that the death conficure be executed with 24 hours of the death of the last sequential that the last sequential death of the last sequential death	committee, or b		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last	(b)_	DR AS A CONSEQUE	Lyn	shone ferovisio	Lestula		
RDS, 201	Then plear to burnel injury, or	NO	PART 2. OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO	DEATH BUT		MINAL DISEASE OR CONDITION C	IVEN IN PART 1	(0
AL RECO	2	CERTIFICATION	19a DATE OF OPERATION	196 COND	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? 200 IF Y	YES, WERE FIND TIFYING CAUSE YES [INGS USED S OF DEATH?
JOF VIT.	7		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	EATH HOUR A	DE INJURY M. MONTH D. M.	AY YEAR	21¢ HOW INJURY OCCUR	RRED (ENTER MATURE OF INJURY IN ITEM I	B PART I OR PART 2}	
OIVISION WG PHYS Offerdan	tond M	CAL	21d IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC }	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
ATTENDITOR OF	of Healt 21 v.m	100	220 I certify that (I) (this has saw the deceased alive a abave, (I) (we) (did) (did a			0-01	nd that in (my) (aur) apinian	ta Sept 20 death occurred an the date and h	aur and from the	, that (I) (we) last e causes stated
TAL OR A	deroched hore Dept NG. II her		226 SIGNATURE	2)	100		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	224 DATE	LOBT
O HOSett, rouned by	hould the		Dr Daniel A	nderson			220 ADDRESS		Hosp	,
BP_		- 1	urial, Cremation, Remova SPECIFY) Burial				EMETERY OR CREMATORY Hills Burial		COUNTY	State
	16 60M 7/84 A 15, 4)		INERAL DIRECTOR Ives-Pearson F	. н. А	rlington,	Va.		P 22 1987 Audi	a Dandon	

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DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

D	F	G.	N	0

		REGISTRAR					REG. I	10			
		CEASED NAME FIRST		MIDDLE	Ĺ	AST	20 DATE OF DEATH	MONTH DAY		26 HOUR	
	(1172	OUTDA)	G	EL	LIS		9 28	8 87 5 3 M		
	3 SEX	(4 RACE		5 DATE C	OF BIRTH	6 AGE (IN YEARS LAST B	IRTHDAY) IF	UNDER I YEAR	IF UNDER 24 HRS	
	1	EMAIE	CAU	10	MONTH	DAY YEAR	91		NIHS DATS	HOURS MIN.	
4	Zo BIE	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF		RY2 8	07 75	9 BALTIMORE CITY	OR COUNTY OF DEATH			
7	C	OUNTRY)	A 1 C	NIMICOUNT	MARRIE	D NEVER MARRIED			12		
	_	+EOKG-14	<i>O</i> -	> 14	WIDOWE			OMER	7	MD	
3	10. CT	TY OR TOWN OF DEATH		HOSPITAL, NUK THE FACILITY, GIVE ST		OR OTHER INSTITUTION	120 USUAL OCCUPA (TYPE OF WORK FOR MOST		INDUSTRY	OF BUSINESS OR	
9	FIL	JOR SPRING	406	y UR	055		HIM		Home		
7	USUA 130. S	AL RESIDENCE (IF NURSING HOME OR		GIVE RESIDENCE BE		1 13d. INSIDE CITY LIMITS?	130 STREET ADDRESS	/ ZIP CODE		20910	
2	3 1	nD. MONTO	OMERY	STLUER	SIR	YES 🔀 NO	1	UNISARO	x #s	113	
	14. FA	THER'S NAME	D 1-1-1			15 MOTHER'S MAIDEN N	AME				
٦			rene	Getzen		Bertie	MIDDLE		Perc		
4	14n W	VAS DECEASED EVER IN U.S. AR		166 SOCIAL SI	ECURITY NO	17 INFORMANT	ADD	RESS	FOIC		
		ES, NO OR UNKNOWN) (IF YES, GIY	AWAR OR DATES)	263-62		Toon Altmon	19917 Old 19	ower Dd	Cil C	20904	
-	140	14/		203⊶02.	-0992	Jean Altman	13317 Old F	orge Ru.			
		18 CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE)		line for 101, 161	, and icit	1 1.			BETWEEN	MATE INTERVAL ONSET AND DEATH	
			E CAUSE (a)	Kosp.	170 Car	y faceler					
		Conditions, if ony, which (b) My opally elis lofy unclear									
1		gove rise to immediate									
		couse (a), stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF									
Н		(c)									
	z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110									
÷	CERTIFICATION	19a DATE OF OPERATION	May CONID	MSI ITION FOR WH		eug DEDEODMED	20a AUTOPSY?	1205 4F YES	YES, WERE FINDINGS USED		
ģ.	F.	ING DATE OF OPERATION	178 COND	IIION TOK WIT	IIGH OFERATIO	NA WAS FERFORMED		IN CERTIFYII		OF DEATH?	
Ц	ET.					1	YES NO	YES		NO 🗌	
٩		210 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	HOUR A.	M. MONTH	DAY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF IN	URY IN ITEM 18 PART	I I OR PART 21		
ſ.	₹	(IF EITHER NOTIFY MEDICAL EXAMINER		M.	19						
l.	MEDICAL	21d INJURY OCCURRED		OF INJURY	ICE ELDA ELC.	211 LOCATION	CITY OR	IOWN	COUNTY	STATE	
	ž	AT WORK AT WORK	(AT HOME SI	REEL PACTORY OFF	R.E. PARM EIC J	3.000					
		220 certify that (1) (this haspital) attended the deceased from 3, 16 19.87, to 9.28 19.87 that (1) (we) lost									
		sow the deceased alive an									
		obove, (I) (we) (did) (did no: 22b. SIGNA) URE	11 view the bady	after death.	- /	DEGREE			22c DATE	SIGNED	
		The Signature of	10			ATTENDING	MEDICAL ST	AFF	01	20107	
		Defendre	4. 30	there	0	PHYSICIAN	DIRECTOR PHYS		17/	28/8/	
i		224 PHYSICIAN'S NAME (TYPE O	RPRINTI KA	JINDRI	AK	22e ADDRESS	1 .	1	01 .	2 111	
		2950 / 70	1 1/00	SF	ARIN	780140	ALR DIX	ue,	2/2200	pruo	
-		SURIAL, CREMATION, REMOVAL	236 DATE	1 2	23c NAME OF C	EMETERY OR CREMATORY			1		
		Burial	10/3/8	7	High Sp	rings Cemeter	y High Spri	ngs Ala	chua	Florida	
	24 FI				0			R 256 REGISTRA			
	13	JNERAL DIRECTOR Tyson V 31 Rockville Pike	v neeler	Funera	Home, 2085	inc.	CT 06 1987	- 1)4	order R	andallo	
	1-00	OW TEOO WATITO LIVE	TIOCIVA	TITE WILL	4 4V00			Ψ			

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STATE OF MARYLAND 8
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

REG. N	. 2	6	78	32
EATH	MONTH	DAY	YEAR	2h HO

010	000	1,	REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	. 26	78	32
019	SEP		OVASED NAME	FIRST	MIDDLE	6	AST	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
d to	110	1	A	ikuo	7	1 0 1 7 5	nco	& AGE (IN YEARS LAST BIR	7/20/	NDER I VEAR	OZSS M
4 44	1	7.38	×	4 RACE	1	5 DATE C		AGE (IN TEAMS LAST BIN	MON	THS DATS	HOURS MIN
1 15	1	-	Male	Orient		Apr	il 27 1908		79 YRS		
2 P	1		IRTHPLACE (STATE ORF		WHAT COUNTRY	MARRIE	NEVER MARRIED	9 BALTIMORE CITY C			
2 2 2	78		Astrovill			WIDOWE		MONTE		_	MD_
1 21	2	710 0	ITY OR TOWN OF DEA		HOSPITAL, NURSI JCH FACILITY, GIVE STIME		OR OTHER INSTITUTION	120 USUAL OCCUPAT		126 KIND O	F BUSINESS OR
\$4 °	1/1		Koma IAI			WEIUT	UST HOSPITA	1 Pharmac	ist	Peor	oles Dru
0 5 M	2	134	STATE	NG HOME OR OTHER INSTITUTIO	13c CITY OR TO	WN	134 INSIDE CITY LIMITS?	13e STREET ADDRESS		20	182
S S	/	-	ary Land	VPr George	Hyatt	SVII	€S NO NO NO NA	6500 Que	ens Cad	aper	Roau
一般	16	///	Tokudaro	WIDDLE	Endo		FIRST	MIDDLE		LAS	ī
30 33	1 1	-	WAS DECEASED EVER	IN U.S. ARMED FORCES?		URITY NO	17 INFORMANT	ADDR	ESS		
1 1 2	1	4	No	(IF YES, GIVE WAR OR DATES)	526-28-	-3370	Lily M En	do Sai	me as	#13	
1 14	1.4		II CAUSE OF DEATI	H (Enter anly one cause p	er line far (a), (b), a	ind (c).1				BETWEEN	MATE INTERVAL DNSET AND DEATH
phy phy	0 1	10	PART I. DEATH W	AS CAUSED BY IMMEDIATE CAUSE (a)	Respai	rator	y Jaalu	re			
ding drip	8 8		No.	DUE TO	OR AS A CONSEQU	UENCE OF	0				*
dent other	100		Canditians, if any,	which ((b)_	Bilate	sal	pneumo	nia		3	day.
2 25	1 1	1	gave rise to imm cause (a), statin	g the DUE TO.	OR AS A CONSEQU	UENCE OF	/				V
thos to the	ol.co		underlying cause	last.	metast	to to c	canur	to le	ing	115	Year.
10 00 00	2 5	1,	PART 2 OTHER SIGN	HEICANT CONDITIONS	CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART TO	
8 14	2 1	TION	Rinal		ncinon		i-ffuse meta				in pressie
or be	1.5	HCAT	190 DATE OF OPERAT	10N 196. CON	DITION FOR WHIC	H OPERATIO	NWAS PERFORMED	200 AUTOPSY 2	206. IF YES, W	G CAUSES	OF DEATH?
The state of the s	13-	1	210. ACCIDENT WAS UND	ERLYING TO 21h TIME	OF INJURY		21c. HOW INJURY OCCUR	YES NO	YES [но 🗌
M 55	1 1	1 3	OR CONTRIBUTING	AUSE OF DEATH HOUR	A.M. MONTH						
200	11/	MEDIC	216 INJURY OCCUR		P.M. E OF INJURY	19	211 LOCATION				
The state of the s	7 7	A	AT WOT WHAT	(AT HOME S	STREET FACTORY OFFICE	FARM, ETC)	STREET	CITY OR TO)wn	COUNTY	STATE
Dis and and and and and and and and and and	and and			(this haspital) attended	the deceased from	R	19.83	10 Sept	1 20 19.	17	that (It (we) last
11 P. P. P. P. P. P. P. P. P. P. P. P. P.	21 He		saw the decease	ed alive an Sett	19 19	Can !	nd that in (my) (our) apinion	death accurred an the d	late and have an	nd from the	causes stated
A A A A A A A A A A A A A A A A A A A	5.5		226. SIGNATURE	did) (did nat) view the bac	ly affer death.	-/	DEGREE			220 DATE	SIGNED
O # TO	0 =		Jun	as ter	R	0	ATTENDING L	MEDICAL STA		9-1	0-87
14 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	5 47	-	22d. PHYSICIAN'S NA				22e ADDRESS	DIRECTOR TITIS	FINIT L		0 0/
5 F 5 F	A 28/		TUNG	07 /==	· M	D	DUIL Ring	DI Hu	Ment	11. 1.	>0783
5 4 5 5	13	730	BURIAL, CREMATION,	REMOVAL 236 DATE	1230	NAME OF C	EMETERY OR CREMATORY	23d LOCATION	1117611	11 10	' ()
RP			remation					FITH OR TOWN	1004	PG	bM-
U1			LINEBAL DIRECTOR			edar	Hill Cremat	E K.C.C.B. A. A. THAR	land	HE STORY	URE
DHMH - 16 6 (VRA 15			Robert	1 Home	Sui	tland	A, MD. SEF	281981			

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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13	DEGISTRAR		CE	RTIFICATE OF DEATH	REG. N	0				
I. DE	ECEASED NAME FIRST	A	AIDDLE	LAST	20 DATE OF DEATH	MONTH DA	AY YEAR	26 HOUR		
(1117	GRAC	CE E	LIZABETH	ERWIN	SEPTEMBER	1, 198	37	1:50 M		
3.56	X	4 RACE		ATE OF BIRTH	6 AGE (IN YEARS LAST BIR		FUNDER TYEAR	# UNDER 24 HRS		
	FEMALE	WH		JUNE 9, 1932	55	YRS	JAT DATS	MIN.		
34.0	HPLACE STATE OR EOREIGN	76 CITIZEN OF	WHAT COUNTRY? 8.	ARRIED NEVER MARRIED	BALTIMORE CITY O	R COUNTY C	OF DEATH			
	Ohilo	USA	WID	DOWED DIVORCED	MONTGOMER	Y COUN	TY	MD		
19	SETHESDA	(IF NOT IN SUC	IOSPITAL, NURSING HO HEACILITY, GIVE STREET ADDRES HE CLINICAL		120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O Sales Re		INDUSTRY	of Business or Produc		
139/	RESIDENCE (# NUR: G HO) TATE 3b C	we or other institution ounty umbiana	GIVE RESIDENCE BEFORE ADMIS 136 CITY OR TOWN WILLIASVILLE	SION) 13d. INSIDE CITY LIMITS YES NOTE:	3e.STREET ADDRESS 17221 LISE		9	43968		
14°F	ATHER'S NAME FIRST	WIDDLE	LAST	15 MOTHER'S MAIDEN	NAME		LA	ST		
)	Daniel	М.	Fraser	Edna	Grac	۱6		bourt		
	WAS DECEASED EVER IN U.S	S. GIVE WAR OR DATES	166 SOCIAL SECURITY		ADDR			-734		
	NO		296-28446	68 JOSEPH ERW	IN (HUSBAND)	SAME	AS PAT			
	18 CAUSE OF DEATH (Ente	er anly one cause per	line for (a), (b), and (c).1				BETWEEN	ONSET AND DEATH		
	PART I. DEATH WAS CA	DIATE CAUSE (a)	HEPATIC COMA	A						
	To the state of th									
	1000 000		AS A CONSEQUENCE							
	Conditions, if any, which	[0]	AETASTATIC I	BREAST CANCER						
	gave rise to immediate couse (a), stating the	1								
	underlying cause last	100								
		(c)								
z	PART 2 OTHER SIGNIFICA	INT CONDITIONS CO	NTRIBUTING TO DEATH	H BUT NOT RELATED TO THE T	ERMINAL DISEASE OR CON	DITION GIVE	N IN PART 1	a		
CERTIFICATION	19g DATE OF OPERATION	Int CONDI	TION FOR WHICH OPER	ATION WAS PERFORMED	20g AUTOPSY?	Table 15 VEC	WERE FINDI	MCS USED		
FIC	DATE OF OPERATION	176. CONDI	I ION FOR WHICH OPER	TATION WAS PERFORMED		IN CERTIFY	ING CAUSES	OF DEATH?		
E K					YES NO	YES	C.M	NO 🗌		
8	210. ACCIDENT WAS UNDERLYING			ZIC HOW INJURY OC	CURRED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	IT I OR PART ?)			
A	OR CONTRIBUTING CAUSE C	DEDEATH		19						
MEDICAL	21d. INJURY OCCURRED	21e PLACE		211 LOCATION						
¥	NOT WHILE AT WORK	(AT HOME STR	EET, FACTORY, OFFICE FARM ET	IC) STREET	CITY OF TO	WN	COUNTY	STATE		
	A									
	270.1 certify that (I) (this hospitol) attended the deceased from AUGUST 28, 19 87, to SEPTEMBER 1, 19 87, that X (we) lost saw the deceased alive an SEPTEMBER 1 19 87, and that in (NY) (our) opinion death occurred an the date and hour and from the causes stated above, XI (we) (did) (digt pot) view the body ofter death.									
	22b. SIGNATURE	.1.		DEGREE		/	22c. DATE	SIGNED		
	- Vole	ur		MD ATTENDIN			19/3	2/67		
	22d PHYSICIANIS MAME II	27d PHVS CIAN THE HIME COMMITTED OF 1								
	VINAN	TAIN	M		PIKE, BETHESI			20892		
230	BURIAL, CREMATION, REMO	VAL 23b. DATE	1234 NIAME	OF CEMETERY OR CREMATO		A. MAK	TLAND	_20032		
234	SM Burial	Sep 5		Low Creek Ce		wille	COUNTY	Ohio		
		beb 2	1707 1611							
	FUNERAL DIRECTOR		_ ADDRESS		DATE REC'D. BY REGISTRAR	1 1 "	mair A	^		
	Ives-Pearson	n F. H. Z	Arlington	, Va. 3	EP 8 - 1987	gulia D	widon.	Kandaes		

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND

		REGISTRAR			CERTIF	ICATE OF	REG. NO.							
		CE ASED NAME	FIRST	,	MIDDLE		AST.		20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR 3U		
	(TYPE	OR PRINT)	Da	Inim	CK	5	-x26	No		9-	14-87	154		
	3 SEX	X	-10	4 RACE	CII	5. DATE O	OF BIRTH		6 AGE (IN YEARS LAST BI	RIHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS		
	3 007	M		1 2	11	MONT		YEAR	m1	,	MONTHS DAYS	HOURS MIN		
-	70 BIS	RTHPLACE (STATE OR	LOBERCH	7b. CITIZEN OF	WHAT COUN	TDV2 A	2	13	9 BALTIMORE CITY	YRS COUNT	TY OF DEATH			
1		COUNTRY) (STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUN	MARRIE	D NEVER	MARRIED -	P BALLIMORE CITY	TCOOM	IT OF DEATH			
1		HUSTY	0	U.	214	WIDOWE		NORCED	IIDL	rta	mer	4 MD		
1	10 CI	TY OR TOWN OF DE	ATH		HOSPITAL, NU H FACILITY, GIVE S	JRSING HOME (OR OTHER INS	TITUTION	120 USUAL OCCUPAT	OF WORKING		OF BUSINESS OR		
(Si	Iver So	MIN	Ho	IL CX	ross			salesman		WES'	TRON		
1	USUA	AL RESIDENCE (IF TUR	13b COU				4104 h 10100	TITY HAVITED	Lis expert apprece	/ 71D CO	D.F.			
5		RYLAND		GOMERY	ROCKV		YES T	NO []	13e STREET ADDRESS	KING	HORSE R	OAD 20852		
		THER'S NAME	1101		1100111			S MAIDEN NA						
1		FIRST	_	MIDDLE	LAST	~		MARY	MIDDLE			nour		
1		unknou				250			ADDR	223	unk	nour		
1	16a W	VAS DECEASED EVER YES NO OR UNKNOWN) LES				SECURITY NO.	17 INFORM							
	Y	ES	1943	3-1946	579-1	6-1326	EDITH	B. ERZ	ZEN/WIFE/SA					
		18 CAUSE OF DEAT	H (Enter or	nly one couse per	line façia), (b	or, and (cr.)					BETWEEN	XIMATE INTERVAL		
		PART I DEATH V		TE CAUSE (0)	Pro	reach	Car				59	<i>e</i>		
		1.766	***************************************		2400 4 24 0	FOURNICE OF								
		DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which (b)												
	13	gove rise to im	mediate	(6)										
	couse (a), stating the underlying couse last. DUE TO, OR AS A CONSEQUENCE OF													
	- 8			(c)										
	z	PART 2 OTHER SIG	NIFICANT	CONDITIONS CO	DNTRIBUTING	O DEATH BUT	NOT RELATE	D TO THE TERM	AINAL DISEASE OR COM	NDII ION G	EIVEN IN PART I	10		
	CERTIFICATION	xeve	re	196 CONDITION FOR WHICH OPERATION			e Ke	all a	eneme					
y,	CA	190 DATE OF OPERA	TION	196 COND	IIION FOR W	HICH OPERALIC	N WAS PERF	DRMED	20a AUTOPSY?		TIFYING CAUSE			
	E		759						YES NO		YES 🗌	NO 🗌		
	S	21a. ACCIDENT WAS UN		110110 4		DAY YEAR	21c. HOW II	VJURY OCCUR	RED (ENTER NATURE OF IN)	URY IN ITEM T	B PART I OR PART 2)			
1	¥	OR CONTRIBUTING		Ally		19								
1	MEDICAL	214 INJURY OCCUR		21e PLACE			211 LOCAT		OWN COUNTY STATE					
4	E	WHILE NOT W	HILE	(AT HOME STI	REET FACTORY OF	FFICE FARM ETC)	SINES		CITON	044.4	200	318.12		
		22a.1 certify that (I		toly ottended th	e decensed f	rom -	7/28	1087	to	9/14	11987	that (lost		
		sow the deceo	ed alive or		9/14	1	nd that in (my	(our opinion	death accurred on the	date and h	our and from the			
		22b SIGNATURE	old Idid no	at I view the body	ofter death.		DEGREE					E SIGNED		
		16.01	10			11.5		ATTENDING	MEDICAL _ ST	AFF		11/03		
		144	10	engel	er,	1111		PHYSICIAN [PIRECTOR PHYS	ICIAN	17/	718/		
		224 PHYSICIAN'S N	AME (TYPE	OR PRINT)			22e ADDRE	ss 3720	FARRAGO	7	1U5	H.		
		18. N.	ROS	GNOAC	M			KENSI	MOTOU, A	49	20871	- + -		
		BURIAL, CREMATION	, REMOVAL			23c NAME OF	EMETERY OR	CREMATORY	234 LOCATION		105			
	((SPECIFY) BURIA	L	SEPT 1	71987	PARKLA	WN CEME	TERY	ROCKVILL	E MON	TGOMERY	MARYLAND		
	24. FL	UNERAL DIRECTOR	FRAN	cis J. c		, JR.		25e DA1	TE REC'D. BY REGISTRA	R 256 REGI	STRAR'S SIGNA	TURE		
4	50	O UNIVERS					MD 209			at a	vidson-for	please :		
						,		VLI	0 1 1001 /1	1				

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicion and conshould be detached for use as the burnal-transit permit. Then please remove carban papers. Pages 17 with the State Dept. of Mealth and Mental Hygiene priar to burnal, cremation, or removal. IMPORTANT: If them 21 is marked or Item 18 shows ony injury, or other troumatic event, the medical

TO HOSPITAL OR ATTENDING PHYSICIAN. The low retained by the hospital or attending physician.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

REGISTRAR REG. NO DEL ASED NAME MIDDLE LAST 20 DATE OF DEATH 7h HOUR (TYPE OR PRINT) LINDA GRAY EVERETT SEPTEMBER 24 1987 10:10 6. AGE (IN YEARS LAST BIRTHDAY) 3. SEX 4 RACE 5. DATE OF BIRTH IF UNDER I YEAR IF UNDER 21 HRS DECEMBER 10 1936 FEMALE CAUCASIAN 50 BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED A NEVER MARRIED MONTGOMERY NORTH CAROLINA UNITED STATES WIDOWED CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LITYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY PROCUREMENT CLERK CIVIL SERVICE RETHESDA NAVAL HOSPITAL SUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 130. STATE LI36 COUNTY 13c. CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? MARY EXINGTON PARK YES T NOX ROUTE 4. BOX 420-50 20653 MARYLAND FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST LAST LAURA ETHEL HUGHES JOSEPH ALBERT WOOLARD 166 SOCIAL SECURITY NO 17 INFORMANT ELLIS E.EVERETT, RT. 4, BOX 420-50, 244-58-3284 NO LEXINGTON PARK, MD 20653 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10) METASTATIC CARCINOMA DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19n DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES (X) YES X NO 21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTHY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) WHILE NOT WHILE 220 | certify that (I) (this haspital) attended the deceased from SEPTEMBER 22 19 87 to SEPTEMBER 24 10 8/ sow the deceosed alive on SEPTEMBER 24 19 87 above, (1) (we) (did) (did not) view the body after death. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 226 SIGNATURE DEGREE WALL 22¢ DATE SIGNED ATTENDING STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS NAVAL HOSPITAL WESTBY FISHER, LT, MC, USN BETHESDA, MD 20814-5011 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OF TOWN 9/28/87 MARYLAND VETERANS BURIAL CHELTENHAM, P.G., MARYLAND 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

EDWARD N. BRINSFIELD, JR. LEONARDTOWN, MD.

DHMH - 16 60M 7/84 (VRA 15, 4)

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DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

_	FOR 67STATE 67REGISTRAR		DEPARTA		IEALTH AND	MENTAL HY	GIENE	REG. N	V.		1	
	I. DECEASED NAME FIRST		MIDDLE	- 1	LAST		20. DATE	OF DEATH	MONTH	DAY YE	AR 2b	HOUR
	Edith)	M.	F	alk			Sen	t.	26	187	5:40p.
	3. SEX	4 RACE		5. DATE C				IN YEARS LAST BIR	THDAY	# UNDER I		INDER 24 HRS
	Female	Cauco	asian	11	9	1914	7	3	YRS	MONTHS	JA15 HO	OK2 WIN
	70 BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER	MARRIED -	9 BALTI	MORE CITY O	R COUNT	Y OF DEAT	Н	
)	WEST VIRGINIA	U.S.	Α.	WIDOWE		ONORCED 💭	MOI	NTGOME	ERY C	0.,	MAR	YLAND
7	10 CITY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER IN	STITUTION		AL OCCUPATI				ISINESS OR
1	ROCKVILLE	NATI	ONAL LU	THERA	AN HOI	ME		ERK	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	UNK	NOW	N
5	USUAL RESIDENCE (IF NURSING HOME OF 130 STATE 135 COUR MARYLAND MONT	OTHER INSTITUTION OTTY GOMERY	ROCKVI	N	13d INSIDE	CITY LIMITS?	13e STRE	ADDRESS ROLI	LINS	EAVEN	IUE	20852
- 1	14 FATHER'S NAME	MIDDLE	TAST			R'S MAIDEN NA		MIDDLE			1467	
1	JOHN	H.	SOUI	DER	F	RANCEL	IA	MIDDLE		SM	1ÎTH	
1	160 WAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU	RITYNO	17. INFORM	AANT		ADDRE	ESS			
/	NO NO OR ORKNOWN) (IF YES GI	E WAN ON DATES!	579-32-	-9097	REV	DR.RI	CHAR	DREIC	CHARI	D-NLH	I-RO	CKVILLE
0	Conditions, if any, which gave rise to immediate couse (o), stating the underlying couse last PART 2 OTHER SIGNIFICANT (19a DATE OF OPERATION 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING [19a DATE OF OPERATION 19a DATE OF OPERATION 19a DATE OF OPERATION [19a DATE OF OPERATION 19a DATE OF OPERATION 19a DATE OF OPERATION [19a DATE OF OPERATION 19a DATE OF OPERATION 19a DATE OF OPERATION [19a DATE OF OPERATION 19a DATE OF OPERATION 19a DATE OF OPERATION [19a DATE OF OPERATION 19a DATE OF OPERATION 19a DATE OF OPERATION 19a DATE OF OPERATION [19a DATE OF OPERATION 19a DATE OF OPERATION 19a DATE OF OPERATION 19a DATE OPERATION [19a DATE OPERATION 19a Ic)CONDITIONS CO	R AS A CONSEQUE DINTRIBUTING TO D	DEATH BUT		175		ASE OR CON		VEN IN PA	-10	LISED	
2	E LA DATE OF OFERALION	170 00110	morrow which	OI EXALIO	AT TO A TEN	OMMED	YES		IN CERT	IFYING CAL	USES OF	DEATH?
7		HOUR A.	M. MONTH DA M.	AY YEAR		INJURY OCCUI		- 44				
	THE EITHER, NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE AT WORK AT WORK	(AT HOME STE	OF INJURY REET, FACTORY, OFFICE, F	ARM ETC)	211 LOCAT		1	CITY OR TO	WN 2 /	COUNT	TY .	STATE
	22a.1 certify that (1) (this hosp sow the deceased alive of above, (1) (wall dec) (did n	A	glecrased from 19 4	7.4	nd that in (m	y) (aud opinion	to death occu	ure an the d	ate and ho		that the caus	
1	226 SIGNATURE	NA BOUNTS	Coly	MU	GREE	ATTENDING PHYSICIAN	DIRECT	OR PHYSIC	CIAN	Sup	127	1981
	Thomas E	0	ey, mis		Olr	VEY, M	MICY C	MD.	21/2	700	NUG	
	230 BURIAL, CREMATION, REMOVAL	236 DATE	23c N	AME OF C	EMETERY OF	RCREMATORY		CATION CITY OR TOWN		COUNTY		STATE
	BURIAL	SEPT.	29/87 S'	r. LUI	KE LU	TH. CEM		REDLAI		MARY		D
	24 FUNERAL DIRECTOR		ADDRESS				TE REC'D. E	Y REGISTRAR		TRAR'S SIC	SNATURE	
	HYSONG CO., IN	C130	O N ST.	, NW V	WASH.	, DO UL	1 05	198/	Ilia 1	Troider	Pul	

BP. DHMH - 16 60M 7 (VRA 15, 4)

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL REGIENE CERTIFICATE OF DEATH

066605 SEP 20	87	STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	0		
	1. DEC	CEASED NAME FIRST		WIDDLE		AST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
oy be oge 3 deoth	(TYPE	SAMU!	EL		FAR	KAS	September	20,	1987	12:45pm
mo, po	3. SEX	X	4 RACE		5 DATE O		6. AGE (IN YEARS LAST BIR	THDAY)	MONTHS DATS	
ge 4		Male	White	2	OCT.	5, 1914 YEAR	72	YRS	MONTHS DATS	HOURS MIN.
2 11/10	7a. BI	RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8.		9 BALTIMORE CITY		Y OF DEATH	
1 1107	N	ew York	U.S.	Α.	WIDOWE	D NEVER MARRIED DIVORCED	Montgome	rv C	County.	MD.
West RE	10. CI	TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	IG HOME O	OR OTHER INSTITUTION	128 USUAL OCCUPAT			
5 1/160	Si	lver Spring		CROSS H		TAL	Salesman			
MARYLAND 2120 and uniting 24 leaves and 2 the old be 11)	13a S	AL RESIDENCE (IF NURSING HOME OF ATE 136 COU	ROTHER INSTITUTION NTY	13c. CITY OR TOW	'N	13d. INSIDE CITY LIMITS? YES X NO .	13. STREET ADDRESS 909 LaGrar	/ ZIP COL	DE	
AT 4 41/1	-	THER'S NAME	-		P	15. MOTHER'S MAIDEN NA	ME		(===	
MAR I TADO		Benjamin	MIDDLE	Farkas		Fannie	WIDDLE		Goldbe	
Je To To To To To To To To To To To To To		VAS DECEASED EVER IN U.S. AI	RMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADSI	lver	Spring,	Md. 20903
IW IW		Yes W		111-12-3	8084	Renee Farkas	; Wife; 909	LaG	rande Ro	pad;
BALTIMORE, COSTS C		18 CAUSE OF DEATH (Enter o	nly one couse pe	er line for (o), (b), on	d (c)		(APPROX BETWEEN	ONSET AND DEATH
		PART I DEATH WAS CAUSI IMMEDIA	ED BY: TE CAUSE (a)	metasta	tic	Colon Carco	nome			
W. PRESTON ST., of the dear certain, se remove curber cremotion, a tren other froumaft			DUE TO.	DR AS A CONSEQUI	NCE OF					
deor deor nicon, our		Conditions, if ony, which	14 22 1							
the er for		gove rise to immediate couse (a), stating the								
		underlying couse lost.	(c)	DR AS A CONSEOUI						
RDS, 20 equires 1 signed Then ple to burion	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS	CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION G	IVEN IN PART 1	0
ne low ri on. hos been permit.	TIFICATION	190 DATE OF OPERATION	19b CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERT	ES, WERE FINDING CAUSES	
DIVISION OF VITAL RECORDS, 201 NG PHYSICIAN: The low requires the ottending physicion. Ther this certificate has been signed to so the buriol-tronsit permit. Then plea the ond Mental Hygiene prior to buriol, orked or them 18 shows any injury, or a content of them.	AL CERTIFI	21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE	AIH HOUR	OF INJURY A.M. MONTH D.	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18	RART I OR PART 2)	
IVISION IG PHYS ottendin ter this c s the bur n and Me	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY TREET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET	City OR 10)WN	COUNTY	STATE
TTENDIN pitol or TOR At for use o of Health		220.1 certify that (1) (this hosp sow the deceased almost above, (1) (we) (did) (did no				nd that in (my) (our) opinion				that (I) (we) lost couses stated
hos hos hed ept		22b. SIGNATURE	1	y one deom.		DEGREE		1.	22c. DATE	SIGNED
the Date Date Date Date Date Date Date Dat		Benard 9.	Necro	moin,	1.1	ATTENDING PHYSICIAN [MEDICAL STA	FF CIAN [9-2	21-87
ZER, ZER,	1	22d PHYSICIAN'S NAME (TYPE	OR RRINT)			22e ADDRESS				
TO HOSPITAL retoined by the TO FUNERAL should be detro with the Store With Personal		BERNARD A.	HECKM	AN, M.D.		8830 Cameron	Street, #4	105;S	ilver Sr	oring.Md.
5 g 5 d 3 ₹	23a F	BURIAL, CREMATION, REMOVA			NAME OF C	EMETERY OR CREMATORY	23d LOCATION			
BP		SPECIFY)	9/22				CITY OR TOWN	1/000	COUNTY	STATE
DF		Burial UNERAL DIRECTOR DANZAN	VSKY-COI	DREEC MEN	MORTAT	Memorial Gard	E REC'D BY REGISTRAR	25b REGI	STRAR'S SIGNAT	TURE
DHMH - 16 60M 7/84		70 Poclarillo Di				SFI	0 0	/		

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL BY GIENE

165	550	SEP	15	87	STATE REGISTRAR			DELMIN		ICATE OF DEATH	REG. N	0		
					EASED NAME	FIRST		MIDDLE		AST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
	pe .	poge 3		(111)	,	Harla	n	C.	Far	mer	Septembe	r 6.	1987	9:50P M
	E	o La		3 SEX			4. RACE		5. DATE		& AGE (IN YEARS LAST BIR		MONTHS DAY	AR IF UNDER 24 HRS
	9 4	rs of		1	Male		Caucas	sian	Janu	ary 29,1923	64	YRS		YS HOURS MIN.
	9	P 20	1		THPLACE (STATE OF	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	DE NEVER MARRIED	9 BALTIMORE CITY	R COUN	TY OF DEATH	
	leath	in a second	0	Ke	ntucky		United	States	WIDOWI		Montgome	ry Co	ounty	MD
	i e	St. Ja	1	10 CI	Y OR TOWN OF DE	ATH .		HOSPITAL, NURSIN		OR OTHER INSTITUTION	126 USUAL OCCUPATI	ION	12b KIND	D OF BUSINESS OR
10	20 0	1 P	()		Rockvill	.e		7 Turkey		h Parkway	Ret. Milit			S. Army
W. PRESTON ST., BALTIMORE, MARYLAND 2120	24 hou	ould be	5	130 S	L RESIDENCE (IF NU TATE (aryland	136 COU		136. CITY OR TOW Rockvil	N	138 INSIDE CITY LIMITS? YES X NO	13e.STREET ADDRESS Branch Par	zip co		
¥1.	thi	17/1	1	14. FA	THER'S NAME					15 MOTHER'S MAIDEN NA	ME			
MAR	Pet	24	1/		01iver		itchell	Farmer		Stella	Gain		Fa	rmer
TIMORE	be exec	s. Page			AS DECEASED EVE ES, NO OR UNKNOWN) Yes	WWes. 1	war or dates)	209-22-6		Mrs. Doris M				
BAL	e e	ysicio oper vol.	1					r line far (a), (b), and			A STATE OF		BETWEE	OXIMATE INTERVAL EN ONSET AND DEATH
T.	rafic	on be			PART I. DEATH		TE CAUSE (a)	Glid	blas	tama Multifor	a		8 M	onths
NO	the Co	corb corb					DUE TO, O	R AS A CONSEQUE	NCE OF					
EST	ogo	ove			Canditions, if an		(ıb)_							
> P	t the	em mx			gave rise to in cause (a), stat underlying caus	ing the	DUE TO, O	R AS A CONSEQUE	NCE OF					
	tho s	200	1				((c)_							
RDS, 2	require	13		NOI	PART 2 OTHER SIC	NIFICANT	CONDITIONS <u>CO</u>	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION G	IVEN IN PART	1 σ
DIVISION OF VITAL RECORDS, 201	se low	A CANA	2	LIFICATION	196 DATE OF OPER	NOITA	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NO X	IN CERT	'ES, WERE FINI TIFYING CAUS YES	DINGS USED SES OF DEATH?
AT!	T is	State of	3	CERTI	71a. ACCIDENT WAS U	DERLYING				21c. HOW INJURY OCCUR				
OF.	CIAP	100	7	-	OR CONTRIBUTING		AIR	.M. MONTH D.A .M.	YEAR					
NO	4XYF	Meri Meri		MEDICAL	216 INJURY OCCU		21e PLACE	OF INJURY		211 LOCATION			COUNTY	
INISI	G Pi	s the		¥	WHILE NOT W	WHILE ORK	I AT HOME, STE	REET, FACTORY, OFFICE, F	ARM, ETC)	STREET	CITY OR TO	WN	YIMUUS	STATE
۵	TENDIN rol or	OR: At			22a I certify that (l) (this hosp sed alive an	septemb	pe deceased from _ ber 3, 19	87	e 6, 19 87	, to Septemb		our and from t	that (It (we) last
	AT AT	ed for			obove, (I) (we)	(did) (did no	ot) view the body	alter death		DEGREE				ATE SIGNED
	TAL OF	detoch rote De				114	June	t_		ATTENDING PHYSICIAN	MEDICAL STA	FF IAN []		tember 8,1987
	JSPI Bd b	FUNERAL uld be det the State			22d. PHYSICIAN'S N	JAME (TYPE	OR PRINT)			22e ADDRESS 5401	Western Av	enue,	N.W.	5
	O HC	should be owith the Sta	1		Frede	rick		Smith, M			ington, D.C	. 20	0015	
	Te	p= vi 3 ≤		23a B	URIAL, CREMATION		Sept	tember 23c N	AF 95	enory and the	1 23d LOCATION	43	COUNTY	STATE
	BP.				Buria		11,198	87		Cemetery	Arlingt	on, V	/irgini	.a
		16 60M 7	/84	24 FU	NERAL DIRECTOR NAME West Mon	Rocky	ille, In	nphrey Fui ic. ADDRESS ie Rockvi	neral	arvland SEP	1 4 1987 Jul	256 REGI	STRAR'S SIGN	ATURE .
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FOR STATE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HIGIENE CERTIFICATE OF DEATH

		REGISTRAR				CERTII	TEATE OF BEATH	REG.	NO.					
)	5 PE	CEASED NAME	EDM1	UND	H.		RSTAD	20. DATE OF DEATH	09	09	P7	26 HO	A M	
,		Male		4 RACE Whi			ch 24,1921	6. AGE TIN YEARS LAST	YRS	MONTHS		HOURS	R 24 HRS	
	f	North Dakot	ta	U.S		MARRIE		9 BALTIMORE CITY Mor	ntgome	ery			MD.	
)	Ι	Bethesda		(IF NOT I)	tuburba	n Hospital	DR OTHER INSTITUTION	(TYPE OF WORK FOR MOS		GLIFE) 17h	dustryl grici	ept. Ultur	ess or of	
	130. S Ma	at residence (# nurs		gomer	Ita, CITY	OR TOWN Lesda	13d INSIDE CITY LIMITS? YESX NO	13. STREET ADDRES 5303 Cam	s/zipco berley	Ave	nue	208	14	
1		Eddie	C	arl	Fa	rstad	15. MOTHER'S MAIDEN NA Mariest	WIDDLE		Не	ller	Ť		
/		VAS DECEASED EVER YES NO OR UNKNOWN) Yes		MED FORCE		24-2953	Alice Boyer (d. Brookeville,	aughter) 334	RESS 10 Gol	Gold Mine Rd.				
		PART I DEATH W Conditions, if ony, gove rise to imm couse (0), status	MAS CAUSE IMMEDIA which nediate ned the	DUE TO	, OR AS ASCO	NSEQUENCE OF	aux			Ú	1/	MATE INTE		
	NOI	PART 2. OTHER SIGN		CONDITIONS S P		ING TO DEATH BUT	NOT RELATED TO THE LERN	- Constant	MOITION	GIVEN IN	PARTIC	0		
2	CERTIFICATION	190 DATE OF OPERA	TION	196 CO	VDITION FOR	WHICH OPERATIO	N WAS PERFORMED	YES NO	IN CER	YES, WER RTIFYING YES [E FINDIN CAUSES	OF DEA	TH?	
2	MEDICAL CE	210. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER, NOTIFY MEDI 210. IN JURY OCCURI	CAUSE OF DE	ATH HOUR	E OF INJURY A.M. MON P.M. CE OF INJURY	19	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN			RPART 7)		STATE	
	W	WHILE NOT WE AT WO 278 1 certify that (1)	RK			d from	STREET 10 G	in Left	7	10 6	0	that (I)		
		sow the deceose obove, (1) (we) (c	ed olive on	Sel	X8	19 87 . o	nd that in (my) (see) opinion DEGREE ATTENDING	MEDICAL S	TAFF		from the	couses st	toted	
1		22d. PHYSICIAN'S NA William H			-		27e ADDRESS 8218 Wiscon	nsin Ave. B		la, M	d. 2	0814	1	
	- (BURIAL, CREMATION,		9/11		Parkla	EMETERY OR CREMATORY Wn Memorial I	Park CITY OF TRO	ekvill	e, M	aryl	and	STATE	
	24 FU	1331 Rock	yson ville	Wheele Pike, I	er Fune. Rockvil	ral Home, le, Md. 2	Inc. 0852 SF	E REC'D. BY REGISTRA	AR 756 REG	SISTRAR'S		URE		

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

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attant a his election to save it	rel - rees			- Armed File	
Fork and Prince		Daret 7	1 - 1 -	train Ele	
	cel.	rantulmen 3		1257	
H9 1 4 198					

STATE OF MARYLAND

9 4 4 SEP	9	FOR STATE TEGISTRAR	DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO	
	I. DE	CEASED NAME FIRST	WIDDLE	1.	AST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
1 75	(TYPE	OR PRINT) E+		F -	in blatt	09	05 87 145 P
de de	3. SE:		RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
4 94		CTMATE	Guara	MONTH	_		MONTHS DAYS HOURS MIN.
to 45 10	7o. BI	RTHPLACE (STATE OR FOREIGN 78	CITIZEN OF WHAT COUNTRY?	717		9 BALTIMORE CITY OR COL	INTY OF DEATH
# TE (B)	1	OUNTRY)		MARRIE	D NEVER MARRIED	Bethes	-1 = 1 = 0 = 3 = m
1 1 1 P		EW YORK TY OR TOWN OF DEATH	U.S.A. NAME OF HOSPITAL, NURSII	WIDOWE NG HOME C	Land .	120 USUAL OCCUPATION	126 KIND OF BUSINESS OR
1 10 10	8	ettesdas	(IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS)	spital.	TYPE OF WORK FOR MOST OF WORK HOMEMAKER	
Se hoo	130 5	AL RESIDENCE (IF NURSING HOME OR O'STATE 13b. COUNT MONTO		VN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP (1 2 0 0 1 1 1
1 137	_	THER'S NAME	SOMEKI DEINES	DA	15 MOTHER'S MAIDEN NAM	5225 POOKS	HILL RD.
1 18450		UNKNOWN	UNKNOWN		YETTA	WIDDLE	UNKNOWN
Poper			WAR OR DATES)		DR. MORTO	. 57th st.; N N FIELDING (J.Y.N.Y. 10019 (SON)
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Dan A			2 days				
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the property of the property o	AL CERT	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH D	AY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITE	M 18 PART : OR PART 2)
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TENDIN tol at a OR. At Theolih I s mod		22s I certify that (I) (the hospite sow the deceased alive on	9/ 5 19		nd that in (my) (arr) opinion o	eath occurred on the date and	hour and from the couses stated
At OR AT the house At DIRECT Setuched for the Double of	8	obove, (1) (we) (did) (did not)	view the boat fatter death,		DEGREE	MEDICAL STAFF DIRECTOR PHYSICIAN	22c DATE SIGNED
O HOSPIT transed by O FUNES hould be o the Shi		22d. PHYSICIAN'S NAME (TYPE OR	WADLE	-P	27e ADDRESS 2/8	WISC, A	Lv, Beth, Ad.
H = 1 S 1		BURIAL, CREMATION, REMOVAL		NAME OF C	EMETERY OR CREMATORY	23d LOCATION	COUNTY STATE
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DHMH - 16 60M 7/84 (VRA 15, 4)	74.F	DANZANSKY-GOL	DBERG MEMORI	AL CI	HAPELS 256. DAT	E REC'D. BY REGISTRAR 256 RE	GISTRAR'S SIGNATURE

STATE OF MARYLAND

-6-	١,	FOR		D			ARYLAND ALL	HYGIENE	267	94
	[']	STATE REGISTRAR		MED	ICAL EXAM	INER'S	CERTIFICATE	OF DEATH	REG. NO	
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LI RECORDS, 201 W. PRESTO. ULD BE EXECUTED WITHIN SEPROING." IN PENCIL IN PER FE MEDICAL EXAMINER ALO EED AS A BURIAL-TRANSIT PE HEALTH AND MENTAL HYGIE HEALTH AND MENTAL HYGIE LOREMATION, OR REMOVE	NO	PART 2 OTHER SIGNIFICA	NT CONDITIONS CONTRI	BUTING TO DEATH BO	IT NOT RELATED TO THE T	EBMINAL DISEAS	E OR CONDITION GIVEN IN P.	ABT 1 (e).		
AL RE SULD OULD SEE A SEE A FFHEA	CERTIFICATION	19a. DATE OF OPER	MOITA	196 CONDITI	ON FOR WHICH O	PERATION W	'AS PERFORMED?			20 AUTOPSY?
N SHOWER CHIEF	RT	210 EXTERNAL CAL	ISE VALAS	21b. TIME OF	ALHIDY	101-11				YES 🔀 NO 🗌
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DIVIS THIS CER WARDED PAGE 3 S. STATE DEP	MED	214 INJURY OCCUPATION OF AT WORK		71e PLACE O STREET, FACTO	FINJURY (ATHOME RY, FARM, ETC.)		CATION	CITY OR T	OWN	COUNTY STATE
INER: T FICATE, TOR: P THE ST AND, 2		22a I certify that	1	ne remains desc	ibed abave, held a	Autop	Homicide .	un , Inquir		y apinian
EXAMINER: CERTIFICATE DULD BE FORI I DIRECTOR! I, WITH THES: MARYLAND,		ACTUAL	Kolo	1	Hoth	Alle	TITLE (SPECIFY)	ent MEDICAL EXA		ATE 9/9/87
TO MEDICAL E EXECUTE THE C PAGE 4 SHOUL TO FUNERAL D BALTIMORE, M		EXAMINER'S NAMI	Mario 1	F G011	e, Jr., M	D				, Md. 21201
TO ME EXECU AE POGE POGE POTIN	73a.B	(TYPE OR PRINT)			23c NAME OF			23d LOCATION		, PM. 21201
07/84 BP	E	Burial	9-1	1-87	Westha	mpton		CITY OR TOWN	Richmond	VÄATE
25M DHMH - 17		NAME JOSEPH					"SEP	2 1 1987	AR ME DEGISTRAS	SSIGNATURE
(VR A15 ME (5))	Da	<u>iniel J. D</u>	orchak	P. 0	BOX 264	25 Ric	h.	- 2 1001	4	

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187 8 1 967 ALC ALLEST AND A STREET

DHMH - 16 60M 7/8 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

066306 SEP	18	FOR STATE GISTRAR			DEPARTI	MENT OF H	EALTH AND I	MENTAL HYG	IENE	REG. NO			· 6
noy be		CEASED NAME E OR PRINT)	Buby		MIDDLE	, Fi	schor		2a DATE OF D	EATH MO	7 4	VEAR 4 87	26 HOUR 66 40 A
Page 4 ma d ectar, po	3 SE	Fernele	20	1 RACE WE	rife	5 DATE C	P BIRTH	YEAR 87	6 AGE (IN YEAR	0	YRS.	DNIHS DAYS	FUNDER 24 HRS
deoth. P.		RTHPLACE (STATE OR E	1		WHAT COUNTRY?	WIDOWE		VORCED [onta	ome	uy (J. MD.
by the	5	Wer Syn	ing	(IF NOT IN 640	HOSPITAL, NURSING HEACILITY, GIVE STREET	ADDRESS) +	Spital	ITUTION	120. USUAL OC	one	ORKING (IFE)	INDUSTRY NO	OF BUSINESS OR
LAND 21		AL RESIDENCE YE NURS	Princ	e Georg	es Green	belt	13d. INSIDE C	ITY LIMITS?		DRESS / ZI 4 Hand	over	Parkwa	ay #100
Complete	5	SCOLL STORME	£ -9	MIDDLE	Harg 116h SOCIAL SECU			FIRST Val		ADDRESS	F	Tsche	
IMOR Poges		YES NO OR UNKNOWN]	(IF YES, GIV)	e WAR OR DATES	None	IKUT NO.			(mother		e as		MATÉ INTERVAL ONSET AND DEATH
W. PRESTON ST., of the death certific ty, the attending ph se remove carbon p cremation, or remo	ATION	Conditions, if ony, gave rise to imm cause 101, statin underlying cause PART 2. OTHER SIGN	which nediate g the last.	DUE TO, O (b) DUE TO, O DUE TO, O (c) CONDITIONS CO	ONTRIBUTING	ENCE OF	unim y fa	11-17-17					
DIVISION OF VITAL RECORDS, 201 NG PHYSICAN Outening to right in signed by the billion of the billion or to buriol, orked than orked than the buriol, orked than the buriol, orked than the buriol, orked than the buriol, orked than the buriol, orked than the buriol, orked than the buriol, orked than the buriol, orked than the buriol, orked than the buriol, orked than the buriol, orked than the buriol orked than the buriol orked than the buriol orked than the buriol orked than the buriol orked than the buriol orked than the buriol orked than the buriol or th	MEDICAL CERTIFICA	190 DATE OF OPERAT	ERLYING AUSE OF DEA	21b. TIME C HOUR A.	M. MONTH D.	AY YEAR	21c HOW IN	JURY OCCUR	YES N	100	YES		
OR ATTENDING Prive the hospital or attents or attents ached for use of the Dept. of Health and Miller 21 is marked as	MED	21d INJURY OCCURR WHILE NOWHAT WORK 22a certify that (I) sow the decease above, (I) (we) (d) 27b. SIGNATURE	(this haspited alive and	(AT HOME, STI	4 19	Syr 87. ar	DEGREE	_, 19_87	death occurred of	an the date	4 19 ond hour	county 9 7. and from the	
TO HOSPITAL retoined by the TO FUNERAL should be deter with the Store	230	22d PHYSICIAN'S NA MOTGO BURIAL CREMATION	ref	RPRINT)		NAME OF C		HYSICIAN IN S GOSS	DIRECTOR	Hal	-Si	19-4 lver G,	ing. md
BP		UNERAL ORIGINAL DESIGNATION		9/11/8	Gar Gar	te of F	IeavenC	emet e r		er Spr	100	Maryla	
DHMH - 16 60M 7/84 (VRA 15 4)		1331 Rocky	ille F	ike Roc	kvi lle. M	d 208	352		P 1 2 108			-D	

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SEP 1 5 1987

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HEGIENE

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		CEASED NAME FIRST		AIDDLE		AST	REG. NO	O. MONTH DAY	YEAR	-
oth 3	(TYP	E OR PRINT)	0.00						TEAN	1040
noy be	3. SE	Edwar	d RACE	D.	5. DATE O	zgerald	Sept. 13,		NDER I YEAR	IF UNDER 2.1 HRS
24 of		Male	Caucas	eien	MONTE		75	MON	THS DAYS	HOURS MIN
Poge		IRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY	? 8		9 BALTIMORE CITY O	R COUNTY OF	DEATH	
2 2 2 b		Pennsylvania	U.S.A	١.	WIDOWE	D NEVER MARRIED D	Montgom			445
事業の大	10 C	ITY OR TOWN OF DEATH	11. NAME OF H	OSPITAL, NURSI	NG HOME C	OR OTHER INSTITUTION	17a USUAL OCCUPATI	ON	126 KIND O	F BUSINESS OR
of the other	Si	lver Spring		Fraaf Pla			Office Man		Cons	truction
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124 File	M		tgomery	Silver S			15313 Gra	af Plac	e 2	0904
within 12 s	14. F	ATHER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME MIDDLE	1.5 1177	LAS!	
b lg lg	1	Edward	D.	Fitzger		Eleanore			Buri	
dical			RMED FORCES?	166 SOCIAL SEC		17 INFORMANT	ADDRE	SS	400	1701/113
3.		No		196-03-4	4242	Lynn Butler	(daughter)	Same a		
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one couse per	line for 101, (b), or	nd (c)	TONY AND	ret		BETWEEN	MATE INTERVAL DISET AND DEATH
e e e e	10		ATE CAUSE (0)	KESI	PIICH	1014 HU	621			
4 0000		1 1 2 2 2 1 1 1	DUE TO, OF	AS A SONSEOL	ENCE OF	L AMO	UNG	No.		
ne deot emove o mation,	150	Conditions, if ony, which gove rise to immediate	(b)	Chi	CCIN	- HIVE	0700			
by the		couse (a), stating the underlying couse last.	DUE TO, OF	AS A CONSEQU	JENCE OF					
or riol	-	PART 2 OTHER SIGNIFICANT	(c)	NITRIGUIANIC TO	DE ATH BUT	NOT BELLIED TO THE TERM	MINI DISEASE OF CO.	NTION CIVEN	D. D. DY I	
guire sign hen to bu	Z	TAKI 2 OTTEK SIONIFICANI	CONDITIONS <u>CC</u>	NIKIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	TINAL DISEASE OR CON	JIION GIVEN	IN PAKI 110	
been mit I prior ony ii	CERTIFICATION	19a DATE OF OPERATION	196 CONDI	TION FOR WHICH	H OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, W		
0 0 0 ×	I E						YES TO NOT	IN CERTIFYING		OF DEATH?
IG PHYSICIAN: The offending physicion for this certificate by is the buriol-tronsit prod Mental Hygien ked or them 18 show	E E	710 ACCIDENT WAS UNDERLYING		FINJURY M. MONTH D	NEAD WEAD	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR			
SKIA ng ph certifi riol-ti	N N	OR CONTRIBUTING CAUSE OF D	CAIN		19					
his chiral din din din din din din din din din din	MEDICAL	21d INJURY OCCURRED	21e PLACE C	OF INJURY EET, FACTORY, OFFICE,	SARM STC)	21f LOCATION	CITY OR TO	wN	COUNTY	STATE
offer the strength of the stre	12	AT WORK NOT WHILE AT WORK		TELLITATION I, OFFICE,	TAM, 670.		1			
ATTENDING spiral or att CTOR: After d for use os th t of Health or m 21 is marke		22a.1 certify that (I) (this has	OIA		47	19_86				hat (we) last
R ATTEN hospital red for u		sow the deceased alive a	not Driew the body	after death.		nd that in (my) (our) opinion	death occurred on the do	ite and hour on	d from the c	ouses stated
o he be		77h SIGNATIRE		(11)		DEGREE	AMEDICAL STAF	c	22c DATES	SIGNED R-
by the ERAL State State	1	Nuch	Mur	W			MEDICAL STAF	IAN 🗌	1	3/0/
HOSPI Binned b Bould be the the S PORTA		TEPHYSICIAN'S NAME ITTE	T Bul	2721	110	170 ADDRESS	and Laure 1	1 0 0	LNI	D707
TO HOSPITAL TO FUNERAL should be deter with the Stote IMPORTANT: it		4166014	H COM	PION	トリン	OS! / Cruer	19 care	Laure	1 101	10/0
		BURIAL, CREMATION, REMOVA (SPECIFY)				EMETERY OR CREMATORY	23d LOCATION		DUNTY	STATE
BP		Burial	23 Sept	. 87 (Cathed	ral Cemetery	Scranto			
DHMH - 16 60M 7/84		UNERAL DIRECTOR		ADDRESS			E REC'D. BY REGISTRAR			
(VRA 15, 4)	C	apitol Funeral	Service.	Falls	Church	, VA	FO 1 7 1097	Julia.	MADERDANT	Rondall

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-6	8 GISTRAR			CERTIF	CATE OF DEATH		REG. NO).			
	CEASED NAME FIRST	٨	AIDDLE	Li	NSI		20 DATE OF DEATH	HINOM	DAY YEAR	26 HOUR	
	Helen		٧.	Flemi	ng			9 2	8 87	8:25p	M
1. SE	Female	White		S. DATE O	- DAY - MA		AGE (IN YEARS LAST BIRT	HDAY) YRS	MONINS GAIS	IF UNDER 24 HRS	_
	West Virgini		WHAT COUNTRY?	8 MARRIEI WIDOWE	NEVER MARRIE		BALTIMORE CITY O	R COUNTY	rof DEATH	N	AD.
	Rockville	Natio	nal Lut	hera:	n Home	Z	120 USUAL OCCUPATION HOME AS TO MOST OF THE PROPERTY OF THE PR			Home	R
130	Virginia OUN	OTHER INSTITUTION TY	GIVE RESIDENCE BEFORE LIV CITY OR TOWN HATTISO	nbur	138. INSIDE CITY LIM	ITS?	3. STREET ADDRESS /	ZIP CODE	Street	1999	9
)/j. F/		E.	Laughto		15 MOTHER'S MAIDI Cora	ENNAM	May		Pols	al	
160 \	NAS DECEASED EVER IN U.S. ARA YES NO OR UNKNOWN) (IF YES, GIVE NO	MED FORCES? WAR OR DATES)	227-20-		REV.DR.	REIC	CHARD - N		ROCK	VILLE,	, MI
	18 CAUSE OF DEATH : Enter only PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if ony, which gave rise to immediate cause (o), stating the underlying cause last	DUE TO, OI	CERE	nrovi 1680		ineral and				MATE INTERVAL ONNET AND DEATH ACCOL S	
CERTIFICATION	PART 2 OTHER SIGNIFICANT CO		1.34	11	NOT RELATED TO THI	E TERMIN	NAL DISEASE OR COND 200 AUTOPSY? YES □ NO 【X】	206 IF YES	S, WERE FINDING CAUSES	NGS USED	_
MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	P./	m. month da m.	Y YEAR		CCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM IS F	PART (OR PART 2)		
MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		EET, FACTORY OFFICE FA	RM, ETC)	211 LOCATION STREET	97	Level	29	97	STATE	
	220 I certify that (I) (this hospital saw the deceased alive an above, (I) (well-did said not 27b. SIGNATURE	view the body	19		ATTEND PHYSIC	ING .	MEDICAL STAF	F			st
	1224 PHYSICIAN'S NAME ITYPE OR	200/64	aur 1		OLNEY, M		LOND 3	093	Sign		
730	BURIAL BURIAL	OCT. 2	,1987-W	OODB			23d LOCATION CITY OR TOWN HARRI	SONB	URG, V	IRGINI	IA

(VRA 15, 4)

dia Siridon Pandale

HYSONG CO., INC.-1300 Nost., NW WASH., DOCT 05 1987

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

IMPORTANT: If them 21 is marked or them 18, shows any injury, or other traumatic event, the medic

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may be

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO

1	1. DECEASED NAME FIRST	MIDDLE	LAST		20 DATE OF DEATH MONTH DA	YEAR 26 HOUR
	(TYPE OR PRINT) Charles	ω	tas	Her !	Len Gember 22	1987 0145 M
	3. SEX	4 RACE	5. DATE OF			FUNDER LYEAR IF UNDER 24 HRS
	Male	Caucasian	Janua	ry 16, 1918	69 YRS	DNIHS DATS MOURS MIN.
	To BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8 AAA DOIED	₩ NEVER MARRIED □	9 BALTIMORE CITY OR COUNTY C	OF DEATH
	Virginia	United States	WIDOWED	DIVORCED [Montgomery Cou	
-	O CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	IG HOME OR	OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	176 KIND OF BUSINESS OR INDUSTRY MONE.
	Rockville	Phade Geore	laulea	UST HOSPIYON	Carpenter	County Schools
oli	USUAL RESIDENCE (IF NURSING HOME O 130. STATE 136 COU	NTY 13t. CITY OR TOW	N 113		130 STREET ADDRESS / ZIP CODE	//m 0 /00070
		tgomery Gaithers		YES INO [891 Clopper Road	#T-2/20878
-	4 FATHER'S NAME	MIDDLE LAST	113	5 MOTHER'S MAIDEN NAM	MIDDLE	LAST
95		ackson Foster		Minnie	Adelaide	Lentz
,	160 WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES GY	IVE WAR OR DATES!		7 INFORMANT (Wif	e) ADDRESS	
	Yes W.W.	II 231 14 9	316	Dorothy V. Fo	ster Same as	
	18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly ane couse per line far (a), (b), and	dicti		TO A NOT DE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		TE CAUSE (a) Kes PIA	ATTA	4 Ann-CS		MINVIES
	700 000	DUE TO, OR AS A CONSEQUE	ENCE OF	/ -		0
	Canditians, if any, which	(16) PLEUR-AL	FFF	USLAM		VMYS
	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUE	NCE OF			14.0
	underlying cause last.	10 PANCKE,	HILE	CMCINOT	747056	MANNEZ
		CONDITIONS CONTRIBUTING TO D	DEATH BUT NO	OT RELATED TO THE TERMI		V IN PART Tra
				IMPTEU ULC		POSTRUCTUM
)	190 DATE OF OPERATION	196 CONDITION FOR WHICH		0	200 AUTOPSY? 206. IF YES,	WERE FINDINGS USED ING CAUSES OF DEATH?
Ц	711110/	GALTRIC OU	i design	न्यार प्रमादिया	YES NOW YES	
4	OR CONTRIBUTING TO CAUSE OF DE			21c HOW INJURY OCCURRE	ED (ENTER NATURE OF INJURY IN ITEM 18 PAR	T I OR PART 2)
	(IF EITHER NOTIFY MEDICAL EXAMINE	P,M,	19			
	(IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F		TIT LOCATION STREET	CITY OR TOWN	COUNTY STATE
	WHILE NOT WHILE AT WORK	7	1	+ 1	CATA	67
		oital) attended the deceased from	32505	19. 19.	_ to Sept 15	that (1) (we) last
	saw 11 deceosed alive or above (1) we) (did) (did no	view life body after death.	, and		eath accurred an the date and hour o	and from the causes stated
	22b. SIGNAME	1 1	100 DE	GREE	AMERICAL STAFF	THE DATE SIGNED
	anl	MMX85 N	VV		MEDICAL STAFF DIRECTOR PHYSICIAN	7/27/8/
	226 PHYSICIAN'S NAME (TYPE	OR PRINT)	2	12- 116 DALAN	ESTOWN P.D	0
	Arank 11			GAITHER-	BURG MD	20878
	230 BURIAL, CREMATION, REMOVAL	sept.	NAME OF CEM	METERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
	Burial			ten Cemetery	Woodstock	Virginia
	Rockville. Inc.	rt A. Pumphrey Fu	neral l	Home/ 250. DATE	REC'D. BY REGISTRAR 256 REGISTRA	
1	Rockville, Inc. 300 West Montgom	ery Ave. Rockvil	le, Man	ryland SEP 2	8 1987 grow wandow	
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DHMH - 16 50M 1/BI (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

26801

٠		CEASED NAME FIRST		WIDDLE	(AST	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR	-	
	LIADE	ESTH!	ER ET	THEL	F	OX	SE	PT 02	1987	725	M	
	3. SEX	X	4. RACE		5 DATE C		6. AGE (IN YEARS LAST BE		INPER) YEAR	IF UNDER 24 HI	R5	
4	-	France	(100	95	Sep		83		INS. DATS	HOURS MI	N	
7		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D X NEVER MARRIED	9 BALTIMORE CITY	PT 03 IF UNDER YRS RCOUNTY OF DE TY Coun ON 176 F WORKING LIFE 1/10 MILL ROAD 200 Blair 200 Blair 200 IF YES, WERE IN CERTIFYING C YES 11 YES 11 YES 11 YES 12 AND 16 YES, WERE IN CERTIFYING C YES 11 YES 12 AND 10 STEE and have and fire the and have and fire The stee and have and fire	DEATH			
		ngland	U.S.	A .	WIDOWE	- **	Montgomery County, MD					
	10 CI	TY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	170 USUAL OCCUPAT	ION	126 KINDO			
Ŋ		ckville	Hebrew	Home of	Gtr.	Washington	Homemake		Home		MD. OR	
and the	USUA 130. S	AL RESIDENCE HE NURSING HOMESTATE 136 CC	E OR OTHER INSTITUTION	GIVE RESIDENCE BEFOR		134 INSIDE CITY LIMITS?	13e STREET ADDRESS		(2091)))		
)			tgomery	Silver	Spring	YES 🔼 NO	1220 Blair	Mill Ro	ad,	300		
1	14 FA	ATHER'S NAME FIRST	WIDDIE	LAST		IS MOTHER'S MAIDEN NAM	AE MIDDLE	111111111	145			
)		Solomon	100	Wisota	zky	UNKN			[73			
1	13	VAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECU		17 INFORMANT ADDRES#300; Silver Spring. Md						
	N	0		579-54-9.	514	Jack J. Fox;	; Husband; 1220 Blair Mill Rd.,					
		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAI	anly one couse per	line for lot, lbt, or	nd (c)	,			BETWEEN	MATE INTERVAL	lite .	
			IATE CAUSE (a)	Demontio	N, 1'11	Kinner Digrane	- 47515 NI	Paruhit				
			DUE TO, O	R AS A CONSEQU	ENCE OF	1	,,,,		IF UNITER 1 YEAR IF UNITED BY OF DEATH COUNTY, 176 KIND OF BUSINDUSTRY HOME (20910) Road, #300 LAST ; SILVER SPI lair Mill I BETWEEN ONSETA PART 1 OR PART 2) COUNTY Fairfax; T COUNTY Fairfax; T		15-	
		Conditions, if any, which	(b)_	(ATA)O	nulmer	1221 ATTYGT					MD. SS OR MD. SS OR ATE PO OST ted	
	-	gove rise to immediate couse (a), stating the	DUE TO, O	RAS A CONSEOU	ENCE OF							
		underlying couse lost.	(c)_									
	z	PART 2 OTHER SIGNIFICAN	IT CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	NAL DISEASE OR CON	DITION GIVEN	IN PART 110		T Ind	
-	CERTIFICATION	19a DATE OF OPERATION	TION COND	ITION FOR WILLOW	OPERATIO	N WAS PERFORMED	Too wareness	Ton Is upo 14	FDF SO IDO		_	
1	FIC	176 DATE OF OPERATION	198 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIFYIN	G CAUSES		MD. OR	
-	ERT	71a. ACCIDENT WAS UNDERLYING	71b TIME C	E INTURY		21r HOW IN HIPY OCCUPRE	YES NO			NO 🗌		
1		OR CONTRIBUTING CAUSE OF	DEATH HOUR A.	M. MONTH D		THE TIOW HAJORT OCCORRE	ED TENTER NATURE OF INJU	INT IN ITEM IS PART I	OR PART 2)			
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAM		M. OF INJURY	19	211 LOCATION			-			
	ME	WHILE IT NOT WHILE IT		REET, FACTORY, OFFICE, 1	FARM, ETC.)	STREET	CITY OR TO)WN	COUNTY	STATE		
		220 I certify that (I) this ha	south attended th	o deceared from		-12 - 10 8	0-	2	01		-	
		saw the deceased alive			000		epth accurred on the d	ate and have an		that (li we)	ost	
		22h. SIGNATURE	ngt view the body	ofter death		DEGREE					_	
		Pholip	When Schwarf ATTENDING MEDICAL STAFF									
1		PHYSICIAN DIRECTOR PHYSICIAN 7214 PHYSICIAN S NAME (TYPE OR PRINT) 7214 PHYSICIAN S NAME (TYPE OR PRINT) 7224 ADDRESS										
	6	DHILLIP G	ISIAWAIZT	2_			ve Rd 72	01. 1700	houle	modo	150	
	23a. B	URIAL, CREMATION, REMOV	7		NAME OF C	EMETERY OR CREMATORY	1234 LOCATION	0 1000	17-17	.7	=	
		urial	9/4/8			id Mem.Garden	CITY OR LOWER	urch: Fa	univ	v. Va	MD. OR	
	24. FU	INERAL DIRECTOR DANZ				ELS, INC 250 DATE	REC'D_BY REGISTRAR	25b REGISTRAR	SSIGNATI	IRE	-	
		70 Rockwille		WDDKE 22		SEP	8 1987	Alia Da	ordon.	Condace		

1170 Rockville Pike; Rockville, Md. 20852

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STATE OF MARYLAND

061	68600	1	FOR STATE REGISTRAR			CERTIFICAT	AARYLAND ON THE AND MENTAL HYGE OF DEATH	REG. NO		2
047	. E =			MOLLY	MIDDLE	ERE	ADKIN	20 DATE OF DEATH	9-24-8	26 HOUR
	ctor. page	3. SE		1 RACE	HITE	5. DATE OF BIRT		6. AGE (IN YEARS LAST BIRT		771
	oth. Pog		RTHPLACE (STATE OR FORE		USA	8. MARRIED WIDOWED	NEVER MARRIED	MONT G	COUNTY OF DEATH	
10	ofter de		OCKVILL	11. NAME	OF HOSPITAL, NURSIN	IG HOME OR OTH	HER INSTITUTION	12a USUAL OCCUPATION (1YPE OF WORK FOR MOST OF	ON 125 KINI	D OF BUSINESS OR DWN Home
NND 212(24 hours	USU	AL RESIDENCE (IF NURSING	HOME OR OTHER INSTITUTE OF THE COUNTY MONEGOMET	UTION GIVE RESIDENCE BEFORE	pring 13d. II	NO	130.STREET ADDRESS /	ZIP CODE	09/0
MARYL	ed within	14. FA	Beryl	WIDDLE	Marcha	sov	OTHER'S MAIDEN NAM Hannah	MIDDLE	(Unascera	tainable)
TIMORE,	be execut		VAS DECEASED EVER IN	U.S. ARMED FORC IF YES, GIVE WAR OR DAT		-5627 W	iformant Illiam S.	Fradkin 727 was	ungum, v.	
ST., BALI	rtificate physicic emovel.			Enter only one cous CAUSED BY. MEDIATE CAUSE (e per line for (a), (b), an	AC AR	REST		APPR BET WE	ROXIMATE INTERVAL EN ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLÀND 2120	he death ce emove corbi motion, or	18	Conditions, if any, w	hich (O, OR AS A CONSEQUE b) COLONA	ence of	ery dise	ase		
01 W. P	those the solution of other in		cause (a), stating underlying cause	the Jost.	o, or as a conseque	1 1	usion s	yndrome	٤.	
ORDS, 2	en signe Then p or to bur	NOIL	PART 2 OTHER SIGNIFI			DEATH BUT NOT I	RELATED TO THE TERM	MAL DISEASE OR CONI	DITION GIVEN IN PART	1to
AL RECO	The law riction. Ite has been sit permit. Ignere prior	CERTIFICATION	19a DATE OF OPERATIO		ONDITION FOR WHICH	180		YES NO	206. IF YES, WERE FIN IN CERTIFYING CAUS YES	SES OF DEATH?
I OF VIT	PHYSICIAN: The ending physician this certificate he burial-tronsit p ad Mental Hygien d antend8 shared		218. ACCIDENT WAS UNDERL OR CONTRIBUTING CAU (IF EITHER NOTIFY MEDICAL	SE OF DEATH HOU	ME OF INJURY R. A.M. MONTH DA P.M.	AY YEAR	HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART OR PART :	2)
IVISION		MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	JAT HO	ACE OF INJURY ME, STREET, FACTORY, OFFICE, F		OCATION STREET	CITY OR TO	VN COUNTY	STATE
	TTEN Portol TOR of He		22a 1 certify that (I) the sow the decreased above, (I) (we) (did)	alive on	19_	ond mor	1985 (pur) opinion o	to 9-20	te and hour and from t	the couses stated
	Dep Hee		22b. SIGNATURE	udha	1	DEGRI	ATTENDING	MEDICAL STAF	F / 9	124/87
	TO HOSPITAL OF TO FUNERAL Eshould be detra		224 PHYSICIAN'S NAM	E (TYPE OR PRINT)	KAR	27e.	ADDRESS EBREW	NURSII	VG HON	NE.
	BP		BURIAL, CREMATION, RES	9/2	9/1987	Wellwood	Cemtery	Fallmengd	ale, L. I.	., New York
	DHMH - 16 60M 7/84 (VRA 15, 4)	23	MALPOMICIOSTE I 2 CARROLL ST	IN HEBREW TREET, N.	MEMORIAL F W., WASHIN	UNERAL A	C. 25a DATE OCT	O 1 1987	75b REGISTRAR'S SIGN	ATURE

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STATE OF MARYLAND

023 OCT -8	3 37 -	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HTG	IENE REG. N	26	80	2
X . me	1 DE	CEASED NAME FIRST		WIDDLE		AST	In Division Devices	MONTH DA		26 HOUR P
deog v				OOD FREEL			SEPTEMBER			9:18 m
4	3 SE	X	4. RACE		S. DATE (6 AGE (IN YEARS LAST BIR	THDAY] IF	UNDER I YEAR	IF UNDER 24 HRS
age day		FEMALE	CAUCAS			L 24 1920	67	YRS		
To Sold P. P.	/ /a. Bi	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF	WHAT COUNTRY	MARRIE	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY C	OF DEATH	
des des		IEW YORK	UNITED		WIDOWE	DIVORCED DIVORCED	MONTGOME	-	I	MD
ofter of the			HE NOT IN SU	CH FACILITY, GIVE STREE	ADDRESS)		170 USUAL OCCUPATION OF OF WORK FOR MOST OF		INDUSTRY	BUSINESS OR
in a particular		BETHESDA AL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION	NAVAL HO			HOUSEWIFE			
d by	130. 9	STATE VI36 CO	YTAL	136 CITY OR TOV			13e STREET ADDRESS			
- C		ARYLAND MCAI	VERT	LUSBY		YES NO X	P.O.BOX 13	31	20657	
nd 2	4)	FIRST	MIDDLE	LAST		FIRST	WIDDIE		LAST	
- Co	7 140 V	IRA P. WOO		165 SOCIAL SEC	IDITY NO	MABEL 17 INFORMANT	BALLANTINE			
ond ond	1	YES, NO OR UNKNOWN) (IF YES, O	GIVE WAR OR DATES)				EL AND DO	DAY 10	1 7 770	D11 100
cion Fr. Fr.	IN	11 CAUSE OF DEATH (Enter		1068-16-		ROBERT L. FRE	ELAND, P.O.	BUX 13		AATE INTERVAL NSET AND DEATH
pop nava		PART I. DEATH WAS CAU	SED BY: ATE CAUSE (0)			REAST CANCER			BETWEENO	NSET AND DEATH
No do		Conditions, if ony, which	DUE TO, C	OR AS A CONSEOL	ENCE OF					
		gove rise to immediate couse (a), stating the) (b)_							
d de		underlying couse lost.	DUE 10, C	dr as a conseol	ENCEOF					
general mr give burio my, or	7	PART 2 OTHER SIGNIFICAN	CONDITIONS	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE OR CON	DITION GIVEN	VIN PART To	
it The Torner of Indian	CERTIFICATION	19a DATE OF OPERATION	TION CONI	DITION FOR WHICH	OBERATIO	N WAS PERFORMED	20e AUTOPSY?	Tank IE VEC V	WERE FINDIN	CSTICED
o per pr	7 5	THE DATE OF OPERATION	178. CONE	DINOIN FOR WHICH	OPERATIO	N WAS PERFORMED		IN CERTIFY	NG CAUSES	OF DEATH?
sicio nsit i ygie	E E	71a. ACCIDENT WAS UNDERLYING	216. TIME C	DE INJURY		21c. HOW INJURY OCCURR	FD (ENTER NATURE OF INITIAL	YES		ио 🗌
riol-fron	4	OR CONTRIBUTING CAUSE OF	EATH HOUR A	M. MONTH D		The state of the s	CD (Elater law love Or water	THE HEM TO PAK	· · OR · ART 2)	
ding p buriol- Mento or Hem	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINATION OF THE PROPERTY OF THE		OF INJURY	19	211 LOCATION				
the ond	N.	WHILE NOT WHILE AT WORK	(AT HOME, ST	TREET, FACTORY, OFFICE,	FARM, ETC)	STREET	CITY OR TO	WN	COUNTY	STATE
or or se os se os mor mor		22a.1 certify that (I) (this has	pital) attended t	he deceased from.	AUGUS	ST 14 19 87	to SEPTEMBE	ER 24 19	87	hot (I) (we) lost
TOR for u		sow the deceased alive	SEPTEN	IBER 24 19	87	d that in (my) (our) opinion o	leath occurred on the de	ote and hour a	and from the c	
R A Post		77L SIGNATURE	tor) view the body	y after death		DEGREE MI			22¢ DATE S	
The The Tebo		Lustin	24.4	Stern ex	5	ATTENDING PHYSICIAN	MEDICAL STAT	IANTA	255	1287
SPITAL I by th VERAL be deto	7	224 PHYSICIAN'S NAME (19)		2000		1220 ADDDESS	HOSPITAL		1000	
ouned bould be the the the		I Imameri and	1					14-501	1	
5 5 6 3 1	23a E	BURIAL, CREMATION, REMOVA	AL 236. DATE	MC, USN	NAME OF C	EMETERY OR CREMATORY	SDA, MD 208	14-501	1	
BP		(SPECIFY) Burial		,			CITY OR TOWN		COUNTY	STATE
	24 FI	UNERAL DIRECTOR BOT	gwardt h	uneral H	ome	nam Chapel Cer	REC'D. BY REGISTRAR	256. REGISTRA	Mary I	and
DHMH - 16 60M 7/84 (VRA 15, 4)	Rt	264, Box 34B.	Port Re	public.	Marvla	nd 20676 UCT	05 1987		don Par	

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STATE OF MARYLAND

FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO	26 804					
OFECEASED NAME FIRST	MIDDLE	LAST LAST	2ª DATE OF DEATH MO	NIH DAY YEAR 25 HOUR					
Gladys	Mae	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHD)						
FEMALE.	WHITE	DECEMBER 23,1	903 83	MONTHS DAYS HOURS M					
REBRASKA	76 CITIZEN OF WHAT COUNT	MARRIED NEVER MARRIED WIDOWED DIVORCED	COUNTY OF DEATH COMES / M						
TAKOWA PARIC	WASHINGTON	HOVENTIST HOSPITA	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO	DIKING LIFE INDUSTRY					
13UAL RESIDENCE (IF NURSING HOME OF 13U STATE 13U MO			9727 MT.P.	SCAHRd. 2090.					
HARRY	FULT	ON ROSAMO	MDD IE	LEBERT					
168 WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL S IVE WAR OR DATES!		M, FULTON	(SAME AS#13 ABOYE)					
18. CAUSE OF DEATH (Enter of	inly one cause per line for (a), (b)	, and ich		APPROXIMATE INTERVAL BETWEEN ONSET AND DEA					
PART I. DEATH WAS CAUS	TE CAUSE (a) ACN TE	Kenprerry Fail	Ure	3 hours					
	DUE TO, OR AS A CONSE	OUENCE OF	erminal disease or condit	3 m am thy					
190 DATE OF OPERATION 21g. ACCIDENT WAS UNDERLYING	19b. CONDITION FOR WH	IICH OPERATION WAS PERFORMED		DE IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES \(\text{NO} \)					
OR COLUMNIC COLUMN	HOUR A.M. MONTH	DAY YEAR	URRED (ENTER NATURE OF INJURY IN						
THE EITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE NOT WHILE AL WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY OFF	21 LOCATION STREET	CITY OR TOWN	COUNTY STATE					
saw the deceased alive a abave, (1) (we) (did) (did r	220 Lectify that (I) (this hospital) attended the deceased from 25 , 1987, to 911 , 1937, that (I) (we) saw the deceased alive an 1937, and that in (my) (our) apinion death accurred on the date and hour and from the causes stated above. (I) (we) (ac) (did not view the body after death.								
22b. SIGNAFURE	Munger	DEGREE ATTENDIN PHYSICIAL		221 DATE SIGNED					
A fred	Munzer	7600 Ca	Woll Avense T	Canone Park H					
BURIAL CHIMADON HELICAN	9-14-1987	GEAWASHINGTON	ATIEL PHI	TR. GED. Md					
Takoma Funeral	Home N.W.	54 Carroll St	P 1 5 1087	Davidson Hordese					

DHMH - 16 60M 7/B4

TO FUNERAL DIRECTOR. After this certificate has been signed by the should be detached for use as the burnal-transit permit. Then pears removed the State Dept. of Health and Mental Hygiene prior to burnal, cremo

(VRA 15, 4)

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Carried March 1977 - V. march and generalized background

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STATE OF MARYLAND CERTIFICATE OF DEATH

066406 SEP	2 8	FOR STATE REGISTRAR		DEPART	MENT OF H	EALTH AND MENTAL HYG ICATE OF DEATH	1	NO 26	80	5
ope 4 may be rector page 3	3 SE	CEASED NAME FIRST OR PRINT) Haro	4 RACE White	MIDDLE J. (S DATE OF FEBR	asi Qeher, Sr. DF BIRTH uary 1, 1906	REG. 20 DATE OF DEATH 6 AGE (IN YEARS LAST 81 9 BALTIMORE CITY	MONTH DAY G 14 BIRTHDAY) IF U MON YRS	NDER 1 YEAR 1	8 3 AM FUNDER 24 HRS HOURS MIN.
Op the Joseph P	Nei	W York TY OR TOWN OF DEATH	U.S.A	HOSPITAL, NURSIN	WIDOWE	OR OTHER INSTITUTION	Montgome	ery Cour	ITY 126 KIND OF INDUSTRY	MD. BUSINESS OR
MARYLAND 2120 ed within 24 hours mpletely tilled in to oned 8 Thould he ha	Mai	AL RESIDENCE IN NURSING FOME CO P. C	OR OTHER INSTITUTIO UNTY G .	Greenbel	lt	13d INSIDE CITY LIMITS? YES X NO 15. MOTHER'S MAIDEN NAM FIRST Katherine	13e STREET ADDRES 6142 Sprin	s / zip cobe nghill Te	rrace,	Office #102 20770
BALTIMORE,		VAS DECEASED EVER IN U.S., KES, NO OR UNKNOWN) {IF YES.	ARMED FORCES? GIVE WAR OR DATES)	166 SOCIAL SECT 055-34-3	JRITY NO.	17 INFORMANT (Son) Harold J. Ga		REMarine airfield,	Avenu	ie
201 W. PRESTON ST., es that the meth renth please femological please virial, or either trentment	NO	Canditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.	SED BY ATE CAUSE (o)_ DUE TO, ((b)_ DUE TO, ((c)_	OR AS A CONSEQU	ENCE OF	Mot RELATED TO THE TERM		ONDITION GIVEN		
AI RECORDS, The low requireson, sion. It has been significant there will here prior to be how sony injury.	CERTIFICATION	190 DATE OF OPERATION		In.	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO P		G CAUSES O	
DIVISION OF VITAL NG PHYSICIAN: The offending physicion wither this certificote hos the burnal-tronsit prond Mental Hygier though Mental Hygier orked or from 18 shop or from 18 shop or from	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE EITHER NOTIFY MEDICAL EXAMI	DEATH HOUR A	OF INJURY A.M. MONTH D P.M. E OF INJURY STREET, FACTORY OFFICE.	19	211 LOCATION	CITY OR		(OUNTY	STATE
DR ATTENDI thospital or DIRECTOR. A ched for use Dept of Heal them 21 is m		WHITE NOT WHITE AT WORK 220-1 certify that (1) (this has sow the deceased alive, above, (1) (wey (did), (did) 226. SIGNATURE	(1)	2 /		nd that in (my) (our) opinion of DEGREE ATTENDING PHYSICIAN		date and hour or	22c DAIL SI	
TO HOSPITAL (retained by the TO FUNERAL should be deto with the Store [IMPORTANT: #	23a f	22d PHYSICIAN'S NAME (TYPE) ABRAHA BURIAL, CREMATION, REMOV	M 5.	DABE	LA NAME OF C	22R ADDRESS	13 bury	Rd. Rin	resdele	MD 20137
ВР		Burial	09/17	/87 Fo	rt Lin	coln Cemetery	Brentwe			aryland
DHMH - 16 60M 7/84 (VRA 15, 4)	2FF	'ancis Gasch's 39 Baltimore /	Sons Fi	uneral Ho Hyattsvill	me, P e, Md	250 DATE 20781 SEP	e rec'd. By registr. 2 1 1987	5	Manda	

The second secon

ed in by the London director, page 3 is be that within 72 hours after death DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO FUNERAL DIRECTOR: After this certificate has be should be detached for use as the burial-transit permitting the State Dept. of Health and Mental Hygiene gir TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital or attending physician.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAPHYGIENE **CERTIFICATE OF DEATH**

065887 s	p -	FÖR ZARZRAR		ARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO. 2	6806
oy be deoth	(TYPE	CEASED NAME FIRST OR PRINTI		GARDNER	2a DATE OF DEATH MONTH	8-1987 10 Am
ilita mo		emale	White	Nov. 1, 1917	6 AGE (IN YEARS LAST BIRTHDAY) 69 YRS.	MONTHS UAYS HOURS MIN.
1 11 99	Ge	RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUN USA	MARRIED NEVER MARRIED WIDOWED	Montgomery	MD
11 68	Si	Iver Springs	Holy Cross Ho	ospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI HOMEMAKET	IZE KIND OF BUSINESS OR INDUSTRY Own Home
1 1 36	130 S Ma	AL RESIDENCE (IF NURSING HOME COUNTRY LIBB,	NTY II3c. CITY OF		13. STREET ADDRESS / ZIP COD 9014 Rhode Islan	nd Ave. 0740
11/60	1)	THER'S NAME officer Tranklin	MIDOLE LAS	Aria Anna J	ones	LAST
or execution of the control of the c			VE WAR OR DATES)	SECURITY NO. 17 INFORMANT Andrew Hick Family	ADDRESS 110 Cranes Co	rner Stafford, VA
Thicote 1 physica moval. moval.		18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS	nly ane cause per line far (a), (ED BY:	b), and ichile		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
The fact of the fa		Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CON:	baructure Jav	ndice	
The loss causes to the loss of	CERTIFICATION	PART & OTHER SIGNIFICANT ICE WICE 190 DATE OF OPERATION	cian Syn	S TO DEATH BUT NOT RELATED TO THE TER/	200 AUTOPSY? 200 IF YE IN CERTI	VEN IN PART 1:0 (C) (C) (C) (C) (C) (C) (C) (C
HYSICIAN: nding phys his certifico buriol-tror i Mentol Hy or Item 18	MEDICAL CER	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFE EITHER NOTHEY MEDICAL EXAMINE CAUSE OF DE LIFE EITHER NOTHEY MEDICAL EXAMINE CAUSE OF DE LIFE EITHER NOTHEY MEDICAL EXAMINE CAUSE OF THE LIFE EXAMINED.	ATH HOUR A.M. MONTH	1 DAY YEAR 19 211 LOCATION	RRED {ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2) COUNTY STATE
NDING Poster of the street of	Σ	WHILE NOT WHILE AT WORK 220 1 certify that (1) (this hasp		TINE TARM, ETC.)		, 19, that (II (we) last
OR ATTE birector ched for ched for them 21		276 SIGNATURE PULC	Rylywer		MEDICAL STAFF DIRECTOR PHYSICIAN	220 DATE SIGNED
TO HOSPITAL retained by the TO FUNERAL should be detained the Store Impropries.		SMEP	120		yn Wase Rd (allos Pt Md
ВР	B	URIAL, CREMATION, REMOVA SPECIFY) UTIAL UNERAL DIRECTOR	9/10/87	Quantico National (Cemetery Triangl	
DHMH - 16 60M 7/84 (VRA 15, 4)	0	ohn I Mall		Jeff Davis HWY FP	TE PE 4 987 TRABUTE BEAG	Very Comment

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTACHYGIENE A 6 6 5 1 7 SEP 23 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO DECEASED NAME 20 DATE KNOWN V (TYPE OR PRINT) OF EST1 Kenneth Gardner DEATH MATED 6 19 87 4. RACE DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE 2d HOUR 36 VDC DAY YEAR PRONOUNCED 12:04 9 1951 AUG BLACK DEAD MALE 16 1987 BIRTHPLACE (STATE OF 76 CITIZEN OF WHAT COUNTRY? P BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY USA NORTH CAROLINA DIVORCEDVIV Montgomery County 10. CHY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) OR INDUSTRY PVT SILVER SPRING MD. Holy Cross Hospital LABORER USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a STATE 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS MONTGOMERY MARYLAND 1945 ROSEMARY SILVER SPRING 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME GARDNER SR. FELIX JONES MARY JONES MOTHER 554 WJAMES ST. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) NO MARY 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE INTERVAL E. WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18.
WARDED TO THE CHIEF MEDICAL EXAMINER ALONG W
PAGE 3 SHOULD BE USED AS A BURAL-IRANSIT PERMIT.
THAT DEPARMENT OF HEALTH AND MENTAL HYGIENE, D
2120 PRICK TO BURIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY: PRESTON ST IMMEDIATE CAUSE (6) Stab wound of back DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES EX NO. 71a EXTERNAL CAUSE WAS 116. TIME OF INJURY HOUR AND MONTH 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING & OR 9 15 19 87 CONTRIBUTING CAUSE OF DEATH 10: 45M Subject stabbed TIE PLACE OF INJURY (AT HOME. 71d INJURY OCCURRED 71L LOCATION STREET, FACTORY, FARM, ETC.) CITY OR LOWN WHILE AT WORK AT WORK 1946 Rosemary Hills Dr, Silver Spring, MONT, MD house PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P. AFTES DEATH WITH THE ST. BALTIMORE MARYLAND, 2 Autopsy K 22a I certify that I taok charge of the remains described obave, held on Inspection Inquiry and in my opinion Homicide X Suicide Undetermined manner death resulted Natural causes Accident TITLE (SPECIFY) ACTUAL Assistant 9/16/87 SIGNATURE EXAMINER'S NAME Mario F. Golle, Jr, M.D. Penn St. Balto, MD. (TYPE OR PRINT) 230 BURIAL CREMATION REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE SEPT 21,1987 ST.MATTHEW BURIAL 07 B4 WINTERVILLE 24 TUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR **DHMH - 17** 2617 PENNSYLVANIA AVE

ALEXANDER S. POPE

(VR A15 ME (5))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

18	187 STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HY	REG. N	,		
	DECEASED NAME	FIRST		MIDDLE	Ĺ	AST	20 DATE OF DEATH	MONIH	DAY YEAR	26 HOUR
1		ane	Fi	ranklin	Ga	rrett	September	12,	1987	8:40p
3.	. SEX		4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 H
	Female		Caucas	sian	Apri		61	YRS		HOURS M
70	BIRTHPLACE (STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 AAADDIE	NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY	OF DEATH	
V	Washington	,DC	United	States	WIDOWE		Montgom	ery Co	ounty	
10	CITY OR TOWN OF DE	ATH	11. NAME OF	HOSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATE			F BUSINESS
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n 14	FATHER'S NAME		MIDDLE	1467		15. MOTHER'S MAIDEN NA	WE			
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	(YES, NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	524-26-	-5730	Robert W.	Garrett,	same	as #]	13
-	18 CAUSE OF DEA	H (Enter or	ly one couse per	line for (a), (b), one	dies)				APPROX	MATE INTERVAL ONSET AND DEA
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	30 BURIAL, CREMATION (SPECHY) Cremati	.on	13, Sep	98/	ntgom	emetery or crematory ery Crematory	23d LOCATION		COUNTY .	Maryla
24	4 FUNERAL DIRECTOR	obert ockvi	A. Pumi	hrey Fun	eral st Mo	Home/ ntgomery SF	P 1 7 1987	256 REGIST	PAR'S SIGNAT	Kondall

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

STATE OF MA	ARYLAND O 7
EPARTMENT OF HEALTH	AND MENTAL HYGIENE
CERTIFICATE	OF DEATH

066467 SEP 28,87FOR REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH 26 HOUR TYPE OR PRINTI 3. SEX S. DATE OF BIRTH UNDER TYEAR FEMALE CAUCASIAN 9 - 10 - 1888 7a. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED MONTGOMERY ENGLAND WIDOWED DIVORCED O CITY OR TOWN OF DEATH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY ROCKVILLE HEBREW HOME OF GREATER WASHINGTON HOMEMAKER MARYLAND 130 STREET ADDRESS / ZIP CODE RD: 13d. INSIDE CITY LIMITS? 20852 15. MOTHER'S MAIDEN NAME LUNKNOWN JACOBS SARA UNKNOWN) 17. INFORMANT SON-IN-LAW 60 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO ADDRESS MARY LAND 027-16-0255 HAROLD MELMAN: 11410 STRAND DR. #05; ROCKVILLE APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for to), (b), and (c) PART I. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 IFICATION BONE 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 201 IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES T 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION STREET AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) AT WORK NOT WHILE 220.1 certify that (1) (this hospital) amenged the sow the deceased alive on Olympia the body ofter death. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22¢ DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY BURTAL 9/20/87 FALLS CHURCH: KING DAVID MFM. 24 FUNERALD DANG ANSKY-GOLDBERG MEMORIAL CHAPELS 1970 ROCKVILLE PIKE; ROCKVILLE, MD 20852

DHMH - 16 60M 7/84

O FUNERAL DIRECTOR

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(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIFICATE OF DEATH

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DHMH - 16	60M 7/84		NAME PINALIA	CIS J. COLLINS		ISEP	E REC'D. BY REGISTRAR	236 REGISTRAR'S S	7	L .
(VRA	15, 4)	50	O UNIVERSITY BI	LVD. W SILVER SI	PRING,	MD 20901	20 1301			

SEP 2 8 1987

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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1	2 4 5 5 B		saw the deceased alive at abave, (1) (we) (did) (did n	nt) view the body	offer death	, or	id that in (my) (aur) apinian	death accurred an the dat	te and haur and fi	am the causes stated
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0	\$ 253 E	22 6	UDIAL CREWATION PENGUI	100 0475	122. 1	IAME OF C	EMETERY OR CREMATORY	1224 LOCATION		

224 PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS 734 LOCATION 73¢ NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 236 DATE COUNTY Burial Sep 24,1987 Desert Lawn Cemetery Calimesa Calif. Rockwille, Inc. 300 W. Montgomery Av., Rockville, Maryland 20850

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

NA KIND OF BUSINESS OR WIDUSTRY Stores Peoples Drug

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DHMH - 16 60M 7/84 (VRA 15, 4)

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FOR STATE REGISTRAR

(TYPE OR PRINT)

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Grover

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DEPARTM	LENT OF H	OF MARYLAND EALTH AND MENTAL MYG	ZIENE REG. N	6	8	4		
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В.	G	ill, Jr.,_		9	27	87	11=	30PM
an	5 DATE C	st 21, 1926	6. AGE (IN YEARS LAST B		# UNDI	RIYEAR	IF UNDER	24 HRS MINL
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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL RYGIENE

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STATE OF MARYLAND

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236. BURIAL, CREMATION, REMOVAL 236 DATE 236. NAME OF CEMETERY OR CREMATORY 236 LOCATION
138. DATE 138. DATE 138. NAME OF CEMETERS OF CREMATION COUNTY
BP BURIAL OCT2,1987 GATE OF HEAVEN CEM SILVER SPRING MONTGOMERY 14 FUNERAL DIRECTOR FRANCIS J. COLLINS, JR. 1550 DATE REC'D BY REGISTRAR'S SIGNATURE

The CO THE CASE OF SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND A SAME AND ASSAME.



2d HOUR 19 87 6P M 9. BALTIMORE CITY OR COUNTY OF DEATH U.S.A. England WIDOWED -DIVORCED Montgomery County CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 124 USUAL OCCUPATION (TYPE OF WORK 1176 KIND OF BUSINESS OR INDUSTRY Rockville Shady Grove Adventist Hospital Homemaker Own Time WAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONS 134 INSIDE CITY LIMITS? 13e STREET ADDRESS 136 COUNTY 13a STATE Montgomery 9306 Kendale Road/20854 MD Potomac 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST Salisbury Churchill. Thomas Rose-Price Frances IAL SOCIAL SECURITY NO. 17 INFORMANT 20001 Bucklodge Lane 215-46-4051 Peter Hitchen, Boyds, MD 20841 DIVISIO 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE INTERVAL USED AS A BURIAL - TRANSIT PERMIT OF HEALTH AND MENTAL HYGIENE, I. RIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) Thoraco-abdominal trauma DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO MEDICAL EXAMNER: THIS CERTIFICATE SHOULD EXECUTE THE CERTIFICATE, WRITING THE WORD "PROFE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYDAND, 21201 PRIOR TO BURIAL, YES SE NO 21a. EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR AND MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 8-31- 1987 Passenger of auto/auto collision. 214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 711 LOCATION STREET, FACTORY, FARM, ETC.) WHILE NOT WHILE AT WORK Rt. 28 w. of Berryville Rd., Montgomery, road Autopsy X 22a I certify that I took charge of the remains described above, held an Inspection and in my opinion Notural causes Accident Homicide Undetermined manner TITLE (SPECIFY) Deputy Chief ACTUAL SIGNATURE EXAMINER'S MAME 111 Penn St., Balto., MD 21201 Ann M. Dixon, M.D. 23c. NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, REMOVAL 23b DATE 23d LOCATION 9/2/87 Mt. Comfort Crematory Alexandria, VA Cremation

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DHMH - 17 (VR A15 ME (5))

MEDICAL

74 FUNERAL DIRECTOR Joseph Gawler's Sons, Inc. 5130 Wisconsin Ave, NW, Washington, D.C.

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23b. DATE

W. CHAMBERS CO. INC.

9-12-1987

23c. NAME OF CEMETERY OR CREMATORY

CREMATORY

CHAMBERS

SILVER SPRING .Md.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO MONTH 26 HOUR IF LINDER I YEAR & AGE (IN YEARS LAST BIRTHDAY) IF LINDER 24 HRS 9, BALTIMORE CITY OR COUNTY OF DEATH 12h KIND OF BUSINESS OR LTYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY HOME COLUMBIA AVE.

23d LOCATION

CITY OR TOWN

RIVERDALE.

EP 1 6 1987 July Design Renative

LAST

TTEM #13

YES T

COUNTY

P.G.C.

12c DATE SIGNED

STATE

Md.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

DHMH - 16 50M 1/B1 (VRA 15, 4)

730. BURIAL CREMATION, REMOVAL

CREMATION

24 FUNERAL DIRECTOR

FOR

SIATE

ector, page 3 DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 Poges. IMPORTANT: If them 21 is morked or them 18 shows ony injury, or other tree TO FUNERAL DIRECTOR: After this certificate has been signed by the a should be detached for use as the burnol-tronsit permit. Then please remains with the State Dept. of Health and Mental Hygiene prior to burnal, cremal TO HOSPITAL OR ATTENDING PHYSICIAN: The etoined by the hospital or attending physician.

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DHMH - 16 60M 7/84

(VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF DEATH

2	187	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HYC	GIEÑE REG. N	10	Table 1	
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5	Di	TY OR TOWN OF DEA	ng I	OU (ROSS	ADDRESS)	or other institution	128 USUAL OCCUPAT (1YPE OF WORK FOR MOST) Never Empl	OF WORKING (IFE)	126 KIND OF I	BOSINESS OK
5	130 S Ma:	ryland	136 COUNTY		Potomac	'N	13d INSIDE CITY LIMITS? YES NO NO NO	13e STREET ADDRESS 10709 Grea		r Drive	(20854)
4)	Edward VAS DECEASED EVER	IN U.S. ARMEI	FORCES?	Gordon		Frieda 17 INFORMANT	MIDDLE		Kutlow Potomac	
		NO OR UNKNOWN)	(IF YES GIVE W/	R OR DATES)	076-32-3	3919	Eileen Gordon			09 Grea	
7		18. CAUSE OF DEAT PART I. DEATH W	AS CAUSED B		Dissem!	notal	Intravascula	Conglatio.		BETWEEN ON	SET AND DEATH
	NO	/ / /	nediate ng the last.	(b) DUE TO, OR	R AS A CONSEQUE	ENCE OF	2° to ent	AIROCOLAS	ADITION GIVEI	N IN PART I O	
2	CERTIFICATION	190 DATE OF OPERATION 196 CC			POOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY? YES NO		WERE FINDING	
7	MEDICAL CER	210 ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER NOTIFY MEDI	CAUSE OF DEATH CALEXAMINER)	21b. TIME OI HOUR A./ P./	M. MONTH D. M.	AY YEAR	214 HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	JRY IN ITEM 18 PAR	et (OR PARÉ 2)	
	MED	WHILE NOT WE AT WORK	THE C	(AT HOME STR	OF INJURY BET FACTORY, OFFICE, F	FARM ETC)	216 LOCATION STREET	CITY OR T	OWN	COUNTY	STATE
		270 certify that (I) (this hospital) attended the deceased from \$19.87 and that in (my) (our) opinion death occurred on the date and hour a obove. (I) (we) (did) (did not) view the body after death. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN									
		Shelley	LAB	1-6	TTHSIM		1106 Spain		Im Spr	en, me	1 20110
		BURIAL CREMATIONS SPECIFY) Burial		9/23/8	37 Mt	. Zio	n Cemetery	23d LOCATION CITY OR TOWN Maspath:			
4	11	NERAL DIRECTOR D	ANZANSK le Pike	Y-GOLI Rock	OBERG MEM	ORIAL	CHAPELS SF	P 24 1987	1.0 1	Turidun-R	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

26820

	REGISTRAR		CERTIFICATE OF DEATH	REG. NO. 4.8	
	CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUS
	torest	- 7.	Gassace	9-	7-1987 9-AM
3 SE	X	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
	MALE	CAUCASIAN	8 27 1901	8600	MONTHS DATS HOURS MIN
	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8	9 BALTIMORE CITY OR COUN	
M.	COUNTRY)	marks 118A	MARRIED NEVER MARRIED WIDOWED DIVORCED	Martan	וושפונו
10 0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	IG HOME OR OTHER INSTITUTION	12e USUAL OCCUPATION	176 KIND OF BUSINESS OR
	Takana Fark	LIF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS) L. L. Has all	TYPE OF WORK FOR MOST OF WORKIN	IG LIFE) INDUSTRY
USU		ROTHER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSIONI	Retired.	I.C. TRANSIT
13e	STATE 136 COUN	NTY 13c. CITY OR TOW	N 13d INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CO	3OC
14 E	ATHER'S NAME	ONTG. DILVERS	PING YES NO 15. MOTHER'S MAIDEN NO	1305 THAYEY	ave. 20910
		MIDDLE LAST	IS. MOTHER'S MAIDEN IN	MIDDLE	1/- 1/451
w	ILLIAM ULIO	ITON GOSSA	GE FRANC	ADDRESS	HANCOCK
	WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN)	RMED FORCES? 166 SOCIAL SECU	4 - 4 - 14		(SAME AS #13
	No	462-01	- 1430 MRS. ELL	AR. Gassage	ABOVE)
	18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly ane cause per line far (a), b), and			BETWEEN ONSET AND DEATH
1		TE CAUSE 10) Carola	c Arrest		MINUTES
	No.	DUE TO, OR AS A CONSEQUE	ENCE OF 1		. />
	Conditions, if ony, which	(b) Coronal	ry Heart -	reaze	years
	gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUE	NCE OFO		Xpars
	underlying cause last.	1 Bther	oscherosis		xears
	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION	GIVEN IN PART 110
ON					
N N	190 DATE OF OPERATION	1% CONDITION FOR WHICH	OPERATION WAS PERFORMED		YES, WERE FINDINGS USED
Ĭ				YES TO NOTO	RTIFYING CAUSES OF DEATH?
CERTIFICATION	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21¢ HOW INJURY OCCUP	RRED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)
	OR CONTRIBUTING CAUSE OF DEA		AY YEAR		
MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION		
×	WHILE NOT WHILE AT WORK	LAT HOME, STREET, FACTORY, OFFICE, F.	ARM, ETC.) STREET	CITY OR TOWN	COUNTY STATE
	()	ital) attended the deceased from_	8/17 10 8	7 8/26	19 87 that (I) (we) lost
	saw the deceased alive an	8/26 19	& Z and that in(my)(aur) apiniar	death occurred on the date and	
	above (1) we (did) (did no	ot) view the bady after death.	DEGREE		121: DATE SIGNED
	Hewey	18 Sign	MD ATTENDING	MEDICAL STAFF	0 /2/27
		9	PHYSICIAN	DIRECTOR PHYSICIAN	11/10/
	224 PHYSICIAN'S NAME (TYPE C	R Soan	AAT 22e ADDRESS /O	513 Georgia	AUR #307
	Trerman	D. 21991	MID Silver Sb	iring Md	20902
23a	BURIAL, GREMATION, REMOVAL	23b. DATE 23c. N	NAME OF CEMETERY OF CREMATOR	23d LOCATION	ALOUNIX STATE
	BURIALA	1-10-1987 Re	OFK GREEK	WASHINGTO	N. I.C
24 F	UNERAL DIRECTOR	Mindelses '11	USA, 80 C.PM BSF	PRECID. BY BECUSTRARIZED REG	SISTPAR'S SIGNATURE
17	itown Tribto	119 254 (70778	11.5771111	1301 Julia	Dendon-Randole

DHMH - 16 60M 7/84

PMD to SIAN PRESTON SI

(VRA 15, 4)

065261 SEP 1967 WHILIPH GOSSIGE PRODUCES HANCOCK TO THE ENATH THE SHAPE ARE ARENES

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENCAL HYGIENE

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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-	1,3		
563	REC	NO.	

		PÉ OR PRINT)	IE .					(Mail			OF OF	ESTI-			26 HOUR
장롱비롱다.	- 2		Charl	es	Vince	ent	Gi	cant			DEATH	MATED	9/	21/19 87	M
毎日本文庫	3. SE	X	4. RACE	5 DATE OF BIRTH	YEAR	6 AGE (IN YEAR					2c. DATE		MONTH	DAY YEAR	3:84
N S S S S S S S S S S S S S S S S S S S	Ma	le	Black	Sept. 5		36 YRS		IS DAYS	HOURS	MIN	PRONOUN(DE AD	LED	9/	21/1987	a _M
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日本の言葉/	Ja	oreign country) Maica		Jamaica			WIDOW				Monta	omery	Cour	ntv.	
SE SE SE SE SE SE SE SE SE SE SE SE SE S		ITY OR TOWN	OF DEATH	II NAME OF HO		RSING HOME,				12e USL	JAL OCCUP	ATION ITYPE		126 KIND OF BU	ISINESS
PERS /	-	Takoma	Park	Washingt	CON AC	TREET ADDRESS)	- Hos	spital		A11+	o Mec	nanic		Auto Dea	
BENESON -	⊌SU	AL RESIDENCE	(IF IN NURSING HOME (OR OTHER INSTITUTION G	IVE RESIDENCE	BEFORE ADMISSION	N)	_	-					Thu to be	1161
SE SE SE SE SE SE SE SE SE SE SE SE SE S	Ma	ryland	Montg	omery	Silv	er Spri	ng					n Road		209	03
AND HER	> ILE	ATHER'S NAM	E	MIDDLE		LAST		F	IRST	DENNAME	MIC	DIE		LAST	
理が必要	-	Joseph		Ρ.	Gra				leen		Rob	inson			
And Admy	16a.	WAS DECEASE YES, NO, OR UNKN	DEVER IN U.S. AR	MED FORCES? WAR OR DATES)		CIAL SECURITY		17 INFORA				ADDRESS	15:00	and the same	
A WELLER		No			578	-02-073	38	Ruper	't W	Grant	7544	8th S	it. I	WW Wash.	D.C.
1 1 N		18 CAUSE C	OF DEATH (Enter on EATH WAS CAUSE	ly one cause per line	e far (a), (b									APPROXIMATE BETWEEN ONSE	
IN S FRM FRM FRM FRM FRM		PARITO	IMMEDIA	TE CAUSE (a)	Su	Suk	parac	chnoic	d Hen	morrha	age		13		1 57/
NAME AND A STATE OF THE PARTY O				DUE TO, OF	R AS A CON	SEQUENCE O	F								
MA ESANTE			ins, if any, which ise to immediate	(b)											
SET SEN W) stating the under-		AS A CON	SEQUENCE O	F								
DAN EN	1	lying co	ose last.	(c)										19	
AAN BEST		PART 2 OTHER S	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d)												
BE EENDING AS A ALTH	No														
L RECOR	CERTIFICATION	19a. DATE O	FOPERATION	196 CONDI	TION FOR	WHICH OPERA	TION W.	AS PERFOR	MED?				100	20 AUTOPSY	>
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N SHOOT		CONTRIBUT	G OR ING CAUSE OF I	DEATH P.A		19									
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ARBIT SOL	2	AT WORK	NOT WHILE C] SINCET, PAC	. IORT, PARM, E	10)	3	INCE			CITY OR TOW	N	CO	UNIY	STATE
RE TE, VRW, RW, STA				je of the remains de		6 -1 -1 -1		x_X.							
A SO DEN		1		ral causes X,		, Suic	-		ide .		Inquiry	-	in my op	pinion	
RETIFE OF BILLING		death resul	A C	al cooses []	Accident	LJ, SUIC	ide L.			Undere	ermined mar	ner			
W. DOUGH		ACTUAL	Much	tell	rell4	Mby		TITLE (S		ant	ICAL EXAMI		DATE	9/21/	87
SHE SHE	7	SIGNATURE		9			M.	D	22000	MED!	ICAL EXAMI	NER	SIGNE	ED	
S S S S S S S S S S S S S S S S S S S	2	EXAMINER'S	NAME Marc	garita A.	Kore	11. M.D.		DDDESS	11	Penr	st.	Balto	2 1	Md. 2120	1
TO MEDICAL EXAMINE EXECUTE THE CERTIFIC PAGE & SHOULD BE TO GUNERAL DIRECTE AFTER DEATH, WITH IT	73e F		TION, REMOVAL 2			NAME OF CEMI					CATION	2012.00			
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84 BP	24 F	UNERAL DIRE	CTOR McGui	re Funera	Ser	vice	icave		25a. DATE	REC'D. BY	REGISTRAR	256 REGIS	TRAR'S S	SIGNATURE	
DHMH - 17 (VR A15 MF (5))	74	LOO Geo	raia Ave	Washingt	on.) (8 1987			sideon Romo	lace

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIFIC ATE OF DEATH

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066	895 SEP 2	b 187	FOR STATE . REGISTRAR	DE	PARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE REG. NO	0 2 0
20	oy be loge 3 deoth		CEASED NAME FIRST ANNA	ENVESTIN	E GRAY	Sept. 18,19	787 YEAR 126 HOUR
	ge 4 mo) rectar po urs ofter d	-	emale	B/ACK	July 4 193	6. AGE (IN YEARS LAST BRITIDAY)	
	death. Po	(RTHPLACE (STATE OR FOREIGN	4.5, A	MARRIED NEVER MARRIED WIDOWED DIVORCED	D MONTGON	MERY MD.
201	by the f	1	TY OR TOWN OF DEATH OCKULLE AL RESIDENCE HE NURSING HOME O	SHADY GY	PURSING HOME OR OTHER INSTITUTION E STREET ADDRESS DVE HOLDENTISH HE E BEFORE ADMISSION)	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKEN	
RYLAND 2120	y filled in Should be	13a S	TATE MA 136 COU	inty Gait	HOWN 13d INSIDE CITY LIMIT	17 N. Summ	THE 20878
WA	complete		Alfred	MODIA, MOO!	es MA	16 MIDDLE	AY
BALTIMORE	be exected on ond its. Poges	(100 V	VAS DECEASED EVER IN U.S. A VES, NOOPUNKNOWN) (IF YES G	IVE WAR OR DATES)	26-4455 Alfre	ed Gray (husb	bond) & Ame As
	physics emovol.		18 CAUSE OF DEATH LEnter of PART I. DEATH WAS CAUS IMMEDIA		ICEMIA		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	hot the decition by the control of t		Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS ACON	ASTIC ANEMIA		
RDS, 20	requires to signed Then ple in to burio injury, or	NOI	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION FAILURE	IG TO DEATH BUT NOT RELATED TO THE		SIVEN IN PART 110-
AL RECO	The low ion.	CERTIFICATION	196 DATE OF OPERATION	CLE	WHICH OPERATION WAS PERFORMED	YES NOS	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
OFVIT	SICIAN: T ng physici certificate uriol-transi tem 18 sh	1	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	CAIN	H DAY YEAR	CCURRED (ENTER MATURE OF INJURY IN ITEM	IB PART I OR PART 2)
IVISION	ottendin ter this s the bu h and Me	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY	OFFICE FARM ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	TTENDIN pital or TOR: At for use a of Healti		220 I certify that (I) this has sow the deceased alive a above (I) and did it did	pitol) or middle deceased	from 19 ond that i (my) bur) op	union death occurred on the date and	. 19
	AL OR A the hos al DIREC detoched ore Dept T. If them		226. SIGNASURE	of Bass	DEGREE ATTENDI	NG MEDICAL STAFF	SIN DATE SIGNED
	TO HOSPITAL of the control of the co		22d PHYSICIAN TO A TYPE	NONP BAS	3941	Ferrage Who	eatry 20906
	BP		BURIAL, CREMATION, REMOVA (SPECIFY) Burial	236 DATE 9-24-87	734 NAME OF CEMETERY OR CREMATE Gate of Heaven		ring, Montg. MD
	DHMH - 16 60M 7/B4 (VRA 1S, 4)		eorge R. Sno	wden Rock	₩ille, MD 2085	EP 2 3 1987	DESTRAR'S SIGNATURE

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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Ţ.	98	REGISTRAR .	Fred			CERTII	TCATE OF DEAT	TH	REG. N	10.			
4		CEASED NAME	FIRST	A	AIDDLE	0	IAST		20 DATE OF DEATH	MONTH	DAY YEAR	76 HOUR	.0
			tred	91-121		6	may			9 - ;	30-198	750	ZM
	1. SE)		4	RACE	12	5. DATE (OF BIRTH	re ar	6. AGE (IN YEARS LAST BI	RTHDAY)	IF UNDER 1 YEA		HRS MIN
-	-	male		Bla	CK	a	- 12-8		61	7 YRS		10000	Per Ites.
1	100	RTHPLACE (STATEORF	oreign 7	Prince		MARRIE	D NEVER MARR		Montgome Montgome		Y OF DEATH		
51	10 CI	TY OR TOWN OF DEA	TH 1	NAME OF H	OSPITAL, N		OR OTHER INSTITUT		120 USUAL OCCUPAT		126 KIND	OF BUSINESS	MD. S OR
1		Takoma		WASH	MEACILITY, GIVE	STREET ADDRESS)	lentist	Hosp	Rooferost			ate	
5	136 5		Princ	Y ^	13c. CITY OR	TOWN	134 INSIDE CITY LI	MITS?	130 STREET ADDRESS	ZIP, 500	tve.	2078	2
	14.FA	THER'S NAME		IDDIE	LAS		15. MOTHER'S MAI		NE .			(4010)	4
56	G	us		loot.	Gra		Mable		MIDDLE		Sta	fford	
2		VAS DECEASED EVER		ED FORCES?	166 SOCIAL	SECURITY NO.	17 INFORMANT		5711°D	8th			
	N		(# 123, 0112		577	184831	Doroth	y Gr	ay Hyatts				2
1	HON	Canditions, if any, which gave rise to immediate cause (a), the put to, or as a consequence of the underlying cause last (c) His in a consequence of the underlying cause (c) His in a consequence of the underlying cause (c) His in a consequence of the underlying cause (c) His in a consequence of the underlying cause (c) His in a consequence of the underlying cause (c) His in a consequence of the underlying cause (c) His in										l(a	_
7	CERTIFICA	190 DATE OF OPERAT	ION	196 CONDI	ITION FOR WHICH OPERATION WAS PERFORMED				200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NOT				
Î	MEDICAL CES	710. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRI	AUSE OF DEATH	216. TIME OF HOUR A./ P./ 21e. PLACE O	M. MONTH	DAY YEAR	21f LOCATION	OCCURRE	ED (ENTER NATURE OF INJU				
	M	WHILE NOT WH	ILE	(AT HOME STR	EET, FACTORY, O	FFICE, FARM ETC)	STREET		CITY OR TO	NWO	COUNTY	STAT	1E
		22a.1 certify that (1) saw the decease abave, (1) (we) (d	d alive an_	9115	(81		nd that in (my) (reuc)	apinian di	eath accurred on the d	ate and ha	19 F 1	, that (1) (we e causes state	
		226. SIGNATURE	wil	28.1	4,8	2	DEGREE ATTEN PHYS	IDING ICIAN	MEDICAL STA	FF CIAN [77¢ DAT	ESIGNED	
		22d. PHYSICIAN'S NA	TTH	B. F	fo, a	(D)	17610 CC	arroll	1 Avetako	mat	R M.	d 209	1/2
		URIAL, CREMATION, I	REMOVAL	10/6/	87		EMETERY OR CREM	ATORY	Brentwo	pod	P.G.	Mď	TE .
14	24. FU	Bane Jenk	ins		andover		985	25e. DATE	REC'D. BY REGISTRAR 7 - 8 1987	256 REGIS		TURE	-

DHMH - 16 60M 7/84 (VRA 15, 4)

APORTANT II II

STATE OF MARYLAND 066098 SEP 18 REISTRAR DEPARTMENT OF HEALTH AND MENT AL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH DECEASED NAME TO DATE KNOWN DO MONTH (TYPE OR PRINT) DIRECTOR. OUR FILES. 172 HOURS DEATH MATED AGE IN YEARS IF UNDER 24 HRS. DATE EAST BIRTHDAY) PRONOUNCED DEAD TO BIRTHPLACE ISTATE OF 9. BALTIMORE CITY OR COUNT MARRIED NEVER MARRIED FOREIGN COUNTRY! U.S.A. DIVORCED 10 CITY OR TOWN OF DEATH 126 KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Procurment Off.DC Govt Georges 13e STREET ADDRESS Maryland 1211 Waterford Drive Forestville 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Smith Claudia Gray, Sr. Romeo Delmont 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17. INFORMANT ADDRES 211 Waterford Gwendolyn F. Gray/ 1947-1952 229227698 Drive 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under DUE TO, OR AS A CONSEQUENCE OF lying couse last. TO MEDICAL EACHWREE, INVESTIGN THE WORD "PENDING" IN PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL TO FUNERAL DIRECTOR; PAGE 3 SHOULD BE USED AS A BUILLA AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] 210 EXTERNAL CAUSE WAS 215. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M. 214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, 21E LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK AT WORK CITY OF TOWN COUNTY STATE 220. I certify that I taak charge of the remains described above, held an Autapsy Inspection . Inquiry and in my apinian Natural causes Suicide ___ death resulted fram: Hamicide ______ Undetermined manner TITLE (SPECIFY) ACTUAL XAMBRER'S NAME TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial

07/84 25M

DHMH - 17 (VR A15 ME (5))

24 FUNERAL DIRECTOR Jenkins 9-18-87

Maryland National 7474 Landover Road

Landover, Md. 20785

Laurel

P.G. Md.

Julia Devidson Pandace

TO FUNERAL DIRECTOR. After this certificate has been ugned by the attending physical housing be detached for use as the burnol-transit permit. Then please remove carban paper with the Store Dept. of Health and Mental Hygiene prior to burnal, cremation, or removal.

16 60M 7/84 (VRA 15, 4)

mending physician.

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SEP

n for page 3

FOR STATE REGISTRAR		D	STATE OF MARYLAND EPARTMENT OF HEALTH AND MEP CERTIFICATE OF DEA	TAL HYGIENE
EASED NAME	FIRST	WIDDLE	LAST	2a. I

क प्रमा				CATE OF DEATH	REG N	0.	
[TIME &	REGISTRAR EASED NAME FIRST DR PRINT)	WIDDLE	G	ST	20 DATE OF DEATH	MONTH DAY Y	26 HOUR 740
3 SEX	NALE	BLACK	S. DATE O	BIRTH ST-1 GARGE	6. AGE (IN YEARS LAST BI	2 BYRS	DATS HOURS M
No	RTH. CAROUND	V.C.4	WIDOWE	DIVORCED	9 BALTIMORE CITY O	mla	
TA	ROUA.	1. NAME OF HOSPITAL, NUI	By AD	LENTS	MINS TE	OF WORKING	hereh
130. ST	ASHIDO	THER INSTITUTION GIVE RESIDENCE BY		13d INSIDE CITY LIMITS? YES NO 🗌	130 STREET ADDRESS	13 0 N	13999
I4. FAT	THER'S NAME FIRST MI	DDLE LAST		15. MOTHER'S MAIDEN NA FIRST	WE		LAST
LAE	AS DECEASED EVER IN U.S. ARM ES NO OR UNKNOWN) (IF YES, GIVE V	ED FORCES? 16b SOCIAL S	ECURITY NO.	17 INFORMANT	ay, 4425	-144.1	1, wy
П	18 CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED IMMEDIATE	BY		usatous	Pailme	BE I	PPROXIMATE INTERVAL WEEN ONSET AND DEA
	cause (a), stating the underlying cause last	DUE TO, OR AS A CONSE	OUENCE OF				
	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING			200 AUTOPSY?	20b. IF YES, WERE I	INDINGS USED
CERTIFICATION	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR		200 AUTOPSY?	206. IF YES, WERE IN CERTIFYING CA	INDINGS USED USES OF DEATH?
CAL CERTIFICATION	19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING	196 CONDITION FOR WE	DAY YEAR	WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE I IN CERTIFYING CA YES	FINDINGS USED LUSES OF DEATH? NO
MEDICAL CERTIFICATION	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (WEITHER NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH FM. THE PLACE OF INJURY	DAY YEAR	21c. HOW INJURY OCCUR	200 AUTOPSY? YES NOTER NATURE OF WITH	20b. IF YES, WERE I IN CERTIFYING CA YES	FINDINGS USED LUSES OF DEATH? NO
MEDICAL CERTIFICATION	19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 11a IN JUST OCCURRED The Centify that I be builted to the decorated allege on the decorated all decorated all decorated allege on the decorated allege on the decorated alle	196 CONDITION FOR WE 216 TIME OF INJURY HOUR A.M. MONTH F.M. The PLACE OF INJURY 1-1 FORE 19811 FACTOR OF	DAY YEAR	21c. HOW INJURY OCCUR 21c. HOW INJURY OCCUR 21c. HOCATION 5/8627 10 TG 4 that in imyl (our) againsan EGREE ATTENDING PHYSICIAN	200 AUTOPSY? YES NOTER NATURE OF WITH	20b. IF YES, WERE IN CERTIFYING CA YES DIRY IN 11EM 18 PART I OR PA	FINDINGS USED LUSES OF DEATH? NO
MEDICAL CERTIFICATION	21g. ACCIDENT WAS UNDERLYING CONCENTRATION 21g. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER NOTIFY ARDICAL EXAMINER) 21g. INJURY OCCURRED 21g. ACCIDENT CONCENTRATION 21g. ACCIDENT CONCENTRATION 21g. SIGNATURE 22d. PHYSICIAN'S NAME (1996 OR	216. TIME OF INJURY HOUR A.M. MONTH P.M. The PLACE OF INJURY 101 HOWE SHEET FACTOR OF	DAY YEAR 19 FILE FARM ETC)	21c. HOW INJURY OCCUR 21f. LOCATION 21f. LOC	200 AUTOPSY? YES NOTER NATURE OF WITH	20b. IF YES, WERE IN CERTIFYING CA	FINDINGS USED LUSES OF DEATH? NO That It (we)
MEDICAL CERTIFICATION	19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 11a IN JUST OCCURRED The Centify that I be builted to the decorated allege on the decorated all decorated all decorated allege on the decorated allege on the decorated alle	216. TIME OF INJURY HOUR A.M. MONTH P.M. The PLACE OF INJURY 101 HOWE SHEET FACTOR OF	DAY YEAR	21c. HOW INJURY OCCUR 21c. HOW INJURY OCCUR	200 AUTOPSY? YES NOTER NATURE OF WITH	20b. IF YES, WERE IN CERTIFYING CAYES DIRTURN TEM 18 PART I ORPORTED TO THE COLOR OF THE COLOR O	INDINGS USED (USES OF DEATH? NO []

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SEP 1.5

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIEN
CERTIFICATE OF DEATH

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2	9	0	1	4

5036 SEP	91	FOR TATE REGISTRAR			DEPA		CATE OF DEATH	DIENE	2 6 8	32	7
ay be age 3 death		CEASED NAME OR PRINTIPBOR	bare		L.	Reer	maid	20 DATE OF D	87	DAY YEAR	26 HOURD
ctor poc	3 SE	Femo	,	RACE	35100	5 DATE O	F BIRTH DAY YEAR 32	6 AGE UNTEAT		FUNDER LYEAR	HOURS MIN
147		RTHPLACE (STATE OR F	OREIGN 7b	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED → NEVER M. WIDOWED → DIV				1 BALTIMORE	+ gomen	. /	٨
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iffed in hould be	MAT	RYLAND	13h COUNTY	OMERY	13c. CITY OR TO KENSIN	NWC	134 INSIDE CITY LIMITS?	3721 E	DRESS / ZIP CODE		895)
ompletely ondo 2 si		MAX	MID		GOLDBE		LUCY		B.		DLER
be execu		VAS DECEASED EVER YES, NO OR UNKNOWN) NO	(IF YES GIVE W		577-40		17 INFORMANT (HUS ROBERT GREE		ADDRESS MAR 121 EMILY	ST .; KEI	VSINGTO
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not the death c by the attention ass remaye cremation a		Conditions, if ony, gove rise to imm couse (a), statin underlying couse	nediote ig the	(b)_	R AS A CONSE	DUENCE OF	ANCER OF	CANCER	EAST		
equires the signed to burial, to burial, along a njury, ar a	NO NO	PART 2 OTHER SIGN	NIFICANT CO	NDITIONS C	ONTRIBUTING '		NOT RELATED TO THE TERM			EN IN PART 1	0
on. hos been t permit ene prior	CERTIFICATION	19a DATE OF OPERA	TION	19b. COND	ITION FOR WH	CH OPERATIO	N WAS PERFORMED	200 AUTOP	IN CERTIF	, WERE FINDIN YING CAUSES S	OF DEATH?
PHYSICIAN TI ending physici this certificate te burial-transit ad Mental Hygi		210. ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER NOTIFY MEDI	CAUSE OF DEATH		OF INJURY M. MONTH	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATU	RE OF INJURY IN ITEM 18 P	ART (OR PART 2)	
ING PHYSIC r attending After this cer as the burio lith and Meni	MEDICAL	21d INJURY OCCURE	IILE 🗍		OF INJURY REET FACTORY OFFE	CE FARM ETC)	211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE
END o los o		22a.1 certify that (I) sow the decease obove, (I) (we) (c	ed alive on	9/2	1	C-7	d that in (my) (our) opinion	death occurred	9/3 on the date and hav		that (I) (we) lo
the hor the hor the hor the best of the be		22b. SIGNATURE	aby c	2	Delu	200	DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	221. DATE 9/3	1
HOSPI bined b FUNE ould be sh the S		STANLEY			MD		2101 MEDICA	L PARK 1	OR.: SILVER	SPRIN	G. MD 2
PP		BURIAL CREMATION,	REMOVAL	23b DATE 9/4/	87	MT. LET	EMETERY OR CREMATORY	23d LOCATI CITY OF	ON	COUNTY	MARYLA
DHMH - 16 60M 7/84 (VRA 15, 4)	24. F	1170 ROCK	ANSKY- WILLE	GOLDBE	RG MEMO	RIAL CH	IAPELS 250 DA	TE REC'D BY REC	SISTRAR 256 REGIST		URE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE/ CERTIFICATE OF DEATH

26828

1. DECEASED NAME				REG. NO.	
1000	FIRST	MIDDLE	LASI	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
DEL	1LAh	PAULINE GI	Rosh	9	10 87 3 37
3. SEX	4 RACE		OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24
- TEMALE	Whit	TE A	TH DAY YEAR	92	MONTHS DAYS HOURS
7g BIRTHPLACE (STATE	TE OR FOREIGN 76. CITIZEN OF	WHAT COUNTRY? 8.	ED NEVER MARRIED	BALTIMORE CITY OR COU	
JA 451	A USA	WIDOW		MONTGOMER	4
10 CITY OR TOWN OF		HOSPITAL, NURSING HOME (OR OTHER INSTITUTION	170 USUAL OCCUPATION	176 KIND OF BUSINESS
6 U BAITHERS.	burg Wilse	N HEALTH CAR	CE CENTER	HOUSEWIF	
SUAL RESIDENCE (IF	NURSING MOME OR OTHER INSTITUTION			13e.STREET ADDRESS / ZIP C	ODE
MARYLAN	4. /.	LAVALE	YES NO X	324 NATTONAL E	21502
M FATHER'S NAME			15. MOTHER'S MAIDEN NAM	AE .	IIGHWAY
JEREM	IAH A. (GARDNER	OT.TVF.	WIDDIE	WILES
	VER IN U.S. ARMED FORCES?	166 SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS	WILLIA
YES, NO OR UNKNOWN	N) (IF YES, GIVE WAR OR DATES)	220-44-2135	MARY LANG 3403	ACTON ROAD BA	LTIMORE MD 212
	DEATH (Enter anly ane cause per				APPROXIMATE INTERVA BETWEEN ONSET AND DE
	TH WAS CAUSED BY:	Cerebral	the combas	1 <	1 MD
9	IMMEDIATE CAUSE (a)		77310771005	1-2	1.1710
Canditians, if		PR AS A CONSEQUENCE OF	postanias	00005	1 you
gave rise to couse (a),	immediate		W MONING C	(10375	120
underlying c		R AS A CONSEQUENCE OF			
PART 2 OTHER	SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMI	NAL DISEASE OF CONDITION	GIVEN IN DART I.e.
2 (50.Stc	motostonal	La Landina	117		1 - 1
190 DATE OF OP	ERATION 196 COND	ITION FOR WHICH OPERATIO		2515, MYPEC 200 AUTOPSY? 200 IF	YES, WERE FINDINGS USED
9 7 9					RTIFYING CAUSES OF DEATHS
<u> </u>				VECT NOT	
21g. ACCIDENT WA	SUNDERLYING 716. TIME C)F INJURY	21c HOW INJURY OCCURR	YES NO	YES NO
A OR CONTRIBUTING	CAUSE OF DEATH HOUR A.	M. MONTH DAY YEAR	21c HOW INJURY OCCURR	YES NO	YES NO
A OR CONTRIBUTING	CAUSE OF DEATH HOUR A.	M. MONTH DAY YEAR M. 19		- F-15	YES NO
OR CONTRIBUTING (IF EITHER NOTIFY 21d INJURY OC	CAUSE OF DEATH HOUR A. MEDICAL EXAMINER) P. CURRED 71e. PLACE (AT HOME, STI	M. MONTH DAY YEAR	716. HOW INJURY OCCURR 711 LOCATION STREET	- F-15	YES NO
OR CONTRIBUTING (IF EITHER NOTIFY 21d. IN JURY OCT WHILE NOTIFY AT WORK NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER) CURRED CURRED CURRED CUMHILE LT WORK THOMES STORMS	.M. MONTH DAY YEAR .M. 19 OF INJURY REET. FACTORY, OFFICE, FARM, ETC.)	ZII LOCATION STREET	ED (ENTER NATURE OF INJURY IN ITEM	YES NO 18 PART I OR PART 2)
OR CONTRIBUTING (IF EITHER NOTIFY WHILE NOTIFY AT WORK 270. I certify the	CAUSE OF DEATH MEDICAL EXAMINER) CURRED THE PLACE (AT HOME, STI OT WHILE THE COLUMN TH	M. MONTH DAY YEAR M. 19 OF INJURY REEL FACTORY, OFFICE FARM, ETC.) The deceased from	71f LOCATION STREET	ED (ENTER NATURE OF INJURY IN ITEM CITY OR TOWN	YES NO 18 PART I OR PART 2) COUNTY STATE , 19 that (II) (we
OR CONTRIBUTING {# FETHER NOTIFY FET	CAUSE OF DEATH MEDICAL EXAMINER) CURRED OF WHITE OF (I) this hospital) ottended the ceased alive an exercise of the bad of the ba	M. MONTH DAY YEAR M. 19 OF INJURY REEL FACTORY, OFFICE FARM, ETC.) The deceased from 19 ofter death.	211 LOCATION STREET 19 16 and that in Openion of	ED (ENTER NATURE OF INJURY IN ITEM	YES NO 18 PART I OR PART 2) COUNTY STAT No
OR CONTRIBUTING (IF EITHER NOTIFY 11d. IN JURY OCT WHILE AT WORK 77a. I certify the saw the de abave, (1) w 77b. SIGN AT URE	CAUSE OF DEATH MEDICAL EXAMINER) CURRED OF WHITE OF (I) this hospital) ottended the ceased alive an exercise of the bad of the ba	M. MONTH DAY YEAR M. 19 OF INJURY REEL FACTORY, OFFICE FARM, ETC.) The deceased from 19 ofter death.	211 LOCATION STREET 19 16 Ind that in Openion of DEGREE	CITY OR TOWN , to SINA 10 eath occurred on the date and	YES NO 18 PART I OR PART 2) COUNTY STATE , 19 that (II) (we
OR CONTRIBUTING {IF EITHER NOTIFY VIII INJURY OCC VIII VIII VIII	CAUSE OF DEATH MEDICAL EXAMINER) CURRED OT WHILE IN WORK THE CORREST OF THE MEDICAL EXAMINER OT WHILE M. MONTH DAY YEAR M. 19 OF INJURY REEL FACTORY, OFFICE FARM, ETC.) The deceased from 19 ofter death.	211 LOCATION SIREET 19 16 Ind that in (Ty) our) opinion of DEGREE ATTENDING PHYSICIAN PARTS	ED (ENTER NATURE OF INJURY IN ITEM CITY OR TOWN	YES NO 18 PART I OR PART 2) COUNTY STAT No	
OR CONTRIBUTING (FETHER NOTEY AT WORK 720. I certify the sow the de obave. (1) by 278. SIGNATURE	CAUSE OF DEATH MEDICAL EXAMINER) CURRED OF WHITE OF (I) this hospital) ottended the ceased alive an exercise of the bad of the ba	M. MONTH DAY YEAR M. 19 OF INJURY REEL FACTORY, OFFICE FARM, ETC.) The deceased from 19 ofter death.	211 LOCATION SIREET 19 10 and that in appropriate a DEGREE ATTENDING	CITY OR TOWN , to SUPPLY 10 death occurred on the date and	YES NO 18 PART I OR PART 2) COUNTY STAT No
OR CONTRIBUTING (IF EITHER NOTIFY IT ALL IN JURY OCT WHILE AT WORK 770. I certify the sow the de above. (I) by 776. SIGNATURE 774. PHYSICIAN	CAUSE OF DEATH MEDICAL EXAMINER) CURRED OF WHITE CAT HOME, STILL	M. MONTH DAY YEAR M. 19 OF INJURY REEL FACTORY, OFFICE FARM, ETC.) The deceased from 19 ofter death.	211 LOCATION SIREET 19 16 Ind that in (Ty) our) opinion of DEGREE ATTENDING PHYSICIAN PARTS	CITY OR TOWN , to SUPPLY 10 death occurred on the date and	YES NO 18 PART I OR PART 2) COUNTY STAT No
OR CONTRIBUTING (IF ETHER NOTIFY 71d. INJURY OCI WHILE 170. I certify the sow the de chave, (1) 77d. PHYSICIAN 77d. PHYSICIAN 73a. BURIAL, CREMATI (SPECIFY)	CAUSE OF DEATH MEDICAL EXAMINER) CURRED CIT WHITE CIT WHITE CHOOL OF COMMENT OF COMM	M. MONTH DAY YEAR M. 19 OF INJURY REET. FACTORY, OFFICE, FARM, ETC.) The deceased from the deceased fr	214 LOCATION STREET 219 TG and that in (Court) opinion of DEGREE ATTENDING PHYSICIAN 272e ADDRESS 207 BCOOL	CITY OR TOWN CITY OR TOWN TO SUPPLY TO THE DIRECTOR PHYSICIAN T336 LOCATION	YES NO 18 PART 1 OR PART 2) COUNTY STATE OUNTY STATE NO 19 PART 1 OR PART 2) COUNTY STATE (We hour and from the couses state 270. DATE SIGNED 9-10-8
OR CONTRIBUTING OR CONTRIBUTING (IF ETHER NOTEY 71d INJURY OC WHILE Na 77d. I certify the saw the de chave (I) 77d. PHYSICIAN 77d. PHYSICIAN 230 BURIAL, CREMATI (SPECIFY) BUR	CAUSE OF DEATH MEDICAL EXAMINER) CURRED OT WHILE DIT WHILE DIT WORK DIT WORK DIT WORK DIT WORK DIT WORK THE CORRESION ON, REMOVAL TALL SEPT 14	M. MONTH DAY YEAR M. 19 OF INJURY REET. FACTORY, OFFICE, FARM, ETC.) The deceased from 19 ofter death. 736. NAME OF C	71f LOCATION STREET 71g Top Top Top Top Top Top Top Top Top Top	CITY OR TOWN CITY OR TOWN A COLOR OF THE MATTER AND ALL CUMBERLAND ALL CUMBERLAND ALL COMMENTS.	YES NO NO NO NO NO NO NO NO NO NO NO NO NO
OR CONTRIBUTING (IF ETHER NOTIFY 71d. INJURY OCI WHILE AT WORK 77d. PHYSICIAN 77d. PHYSICIAN 77d. PHYSICIAN 77d. PHYSICIAN 8 BURIAL, CREMATI (SPECIFY) BUR 24 FUNERAL DIRECTO	CAUSE OF DEATH MEDICAL EXAMINER) CURRED OT WHILE DIT WHILE DIT WORK DIT WORK DIT WORK DIT WORK DIT WORK THE CORRESION ON, REMOVAL TALL SEPT 14	M. MONTH DAY YEAR M. 19 OF INJURY REEL FACTORY, OFFICE FARM, ETC) The deceased from 19 Ofter death. 73c. NAME OF C HILLCRE	714 LOCATION STREET 719 TG and that in (Court) opinion of physician physici	CITY OR TOWN CITY OR TOWN TO SUPPLY TO THE DIRECTOR PHYSICIAN T336 LOCATION	YES NO NO NO NO NO NO NO NO NO NO NO NO NO

DHMH - 16 60M 7/8 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEAT

DE		Н	REG.	NO.					
7	20	DATE	KNOWN	8	MONTH	DAY	YEAR	2 b.	HOUR
		DEATH	ESTI-		0	7	07		

			ECEASED NAM	AE .	FIRST		M	IDDLE			LAST			20 DATE	KNOWN	MON	H U	PAY Y	YEAR	26 HO	
	28482	1"	FPE OR PRINTS	L	ARRY						HALE			OF DEATH	ESTI- MATED	9	7	19	87		
	25 THE STATE OF TH	3 SI	x Male	4 RACE Black		DATE OF BIR	AY	YEAR	LAST BIRTHO	MON (YAC	NDER TYR.	HOURS HOURS	24 HRS.	PRONOUN DE AD	NCED	MONT 9	7	DAY	VEAR	11:	
	AND AND A	70	BIRTHPLACE	STATE OR		L CITIZEN OF				In	HED TO	IEVER MARR	isn [1 BALTEM	ORE CET	Y OR COU	NTY (
	STATE OF THE STATE	2	OREIGN COUNTRY	}		USZ	A				VED O	DIVORC		Mol	ntgor	ery (Cou	nty			
	A A G E S S S S S S S S S S S S S S S S S S	10.0	ON TOWN	OF DEATH		I NAME OF H	HEACILI	Y, GIVE STR	EET ADDRESS)				12a USI FOR	MOST OF WOR	PATION (TYPE OF WOR	K 12b	OR INDUSTRY			
	BCZER -	USU	Boyds IAL RESIDENCE	E (IF IN NURSIN		OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)								construction OR INDUSTRY							
. 2120	ESESS!	2	STATE		Mont	tg. Boyds YES N			NO 🗌							841					
E, MD	25 B	14.7	ATHER'S NAM	Denn:	is Ow	MIDDLE LAST				15. MOTHER'S MAIDEN NAME Mozella Coleman							LAST				
WOR	BUS TO -		WAS DECEAS	ED EVER IN	U.S. ARME	ED FORCES? 166 SOCIAL SECURIT			TY NO.							ofie	eld	Dr.			
ALTI	A A A A A A A A A A A A A A A A A A A		YES, NO, OR UNKN	IOWN) (IF		etnam		213-	-46-52	250	Shir	ley C	campt	ton (s	siste	r) G	G'burg, MD208				
ST., B	MIT. P.			E A TILLIALAC	CHICEDI	ane cause per BY:				<i>c</i> 1								BETWEEN	NIMATE I	INTERVAL	
NO	PER YAL			IM	MEDIATE	CAUSE (o)					<u>iest</u>		-				-		-	-	
REST	NA KINO		Canditions, if any, which gave rise to immediate cause (a) stating the <u>under-lying cause last.</u> DUE TO, OR AS A CONSEQUENCE OF Using cause last.																		
W. PRESTON SI	NAME OF SECOND														-	1		71			
2	540618		lying co	ouse last.		(c)															
DIVISION OF VITAL RECORDS,	PANTA BALL	z		SIGNIFICANT CO	NOITIONS CO	NTRIBUTING TO DE	AIN BUT	NOT RELATE	O TO THE TER	MINAL OISEA	SE OR CONOIT	ION GIVEN IN PA	RT 1 to	11-12					-17		
REC	HEAL OF LOS	CERTIFICATION	19a DATE C	FOPERATIO	VDITIO	TION FOR WHICH OPERATION WAS PERFORMED?									12	20 AUTOPSY?					
ITAL	SE CHANGE AND AND AND AND AND AND AND AND AND AND	I SE																K	NO [
OF	ATE SP THE CI THE CI THE CI TO BU	2 8	210 EXTERN	AL CAUSE	WAS	21b. TIMI HOUR	E OF IN	JURY	DAY YEA	R 21c H	OW INJUR	RY OCCURRE	D LENTER	NATURE OF IN	JURY IN ITEM	18 PART I OF	PART 2)				
ON	ERTIFIC ING TH IS HOU EPARTI	MEDICAL	CONTRIBUT	ING CAL	JSE OF DE	ATH 10:4	5M.	9-7-	198	7 Suk	pject	was s	tabb	ed.			1				
NVIS	CER STIIN STIIN SE 3 S	MED	WHILE	OCCURRED NOT WHAT WOR			FACTORY	FARM, ETC	(AT HOME,		CATION STREET			CITY OR TO	WN	7	COUNTY	,		STAT	
_	WAR WAR PAG STATI		AT WORK	AT WOR	K		str	eet				nite G	roun	ds Rd	.,Boy	yds, M	ont	.gom	ery	, ivil	
	1000円		0.00			of the remains		-			osy X	Inspectio		Inquiry		and in my	apinio	n			
	REC REC		death resu	Ited fram:	Natura	causes	Ac	cident	S	vicide		nicide X.	Undet	termined mi	onner	١.					
	AMONE		ACTUAL /	h	-6	da						(SPECIFY) outy C	hief	ICAL EXAM	AINER	DA	TE NED_	9-	3-8	7	
	NER SE)	EVANTINED!	S LA LIE	-				-									21	201		
	EXECUTE THE PAGE 4 SHOW TO FUNER AFTER DEATH AND PAGE 1 SHOWER AFTER DEATH DEATH AFTER DEA	100 100	EXAMINER'			M. Dixo	n,				ADDRESS			St.,	Dal	10.,		21.	201		
		230.	BURIAL, CREM (SPECIFY)	ation, REM Burial		DATE			ame of ce			TORY	23d LC	ortown icker	son.	Mont	OUNTY .	MD	STA	31.	
84 M	BP	24	FUNERAL DIRE		-	M. Tal Ki		F11C	DIOII	Carle	LULLY		REC'D. BY	REGISTRA	AR 256 RE	GISTRAR	SSIGN	NATURE			
	DHMH - 17 (VR A15 ME (5))		George	e R. S	nowde		ress ockv	ille	, MD	2085	0	SEP	14	1987) mai	Devido	~	Bride	J. C.	51	

06423 SEP 2

87 FOR STATE REGISTRAR

STATE OF MARYLAND STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

ř	REG. NO		1
	20 DATE OF DEATH MONTH	DAY YEAR	2b HOUR
	September	17.87	5
	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HR

	E OR PRINTI	FIRST		o l	11.			Za DAIL C	JEDEAIN M	Oldin	2.0	OH	28 HOU	K
	17	LICE	(TAL			>e	Picini	2.6	11.	81	5	AM
3. SE	X	4. 6	RACE		5. DATE C		YEAR	6 AGE IN	YEARS LAST BIRTHE	DAY)	MONTHS	DAYS	IF UNDER	24 HRS MIN.
	FEMALE	C	AUCASI	AN	JUNE	6	1911	76		YRS				
	IRTHPLACE (STATE OR	FOREIGN 7b	CITIZEN OF	WHAT COUNTRY?	8	D NEVER A	AARRIED 🗆	9 BALTIMO	ORE CITY OR	COUNT	Y OF DE	ATH		
	AUSTRALIA		AUSTRA	LIA	WIDOWE		ORCED	MON	TGOMERY	Y				MD.
	SILVER SPR		(IF NOT IN SUC	OSPITAL, NURSIN HEACILITY, GIVE STREET CROSS H	ADDRESS)		NOITUTION	(TYPE OF WO	OCCUPATION ORK FOR MOST OF V EWIFE			KIND OF USTRY	BUSINE	SSOR
130	AL RESIDENCE (* NUR STATE MARYLAND	13b COUNTY KENSIN	ONI	GIVE RESIDENCE BEFORE 13c. CITY OR TOW KENSINGTO	/N	134 INSIDE C	ITY LIMITS?		ADDRESS / Z JENNIN			20	895	
14 F.	ATHER'S NAME	MIDI) i f	LAST			MAIDEN NAM	ME	WIDDLE			LAST		
	UNKNOWN	Migh	AL	MURPHY			ARY		ELLEN	V			HEGA	AN
	WAS DECEASED EVER	IN U.S. ARME		166 SOCIAL SECU	JRITY NO.	17 INFORMA	NT		ADDRESS	5				
(NO OR UNKNOWN	(IF YES, GIVE W	AR OR DATES	216-06-	7515	IAN F	. HALL/	/SON/S	AME AS	13				
	IB CAUSE OF DEAT			line for to i, (b), on	die	ta.	Fail	1110			- 61	APPROXIMETWEEN O	MATE INTER	DEATH
	1000	IMMEDIATE C	AUSE (a)	Keg	na	cory	1 0000	wee						
	Conditions, if any	, which	DUE TO, OI	12 ASA CONSEOU	mal Mal	Into	a Ald	loni	nal C	anu	4			
	gave rise to im cause (a), stati underlying causi	mediate ng the	DUE TO, OF	AS AMONSEQUI	EMCE OF	a.	Marie	~00	100			9		
			(c)	TNOW	w	roun	mu	W. Z	•					
NO	PART 2 OTHER SIG	MEICANT COI	NDITIONS CO	LULLAL	DEATH BUT	HOT RELATED	TO THE TERM	AINAL DISEA	SE OR CONDI	TION GI	VEN IN P	ART 110		
CERTIFICATION	THE DATE OF OPERA	MONT	19s CONDI	TION FOR WHICH	OPERA ()	WAS PERFO	RMED	28k AUT		IN CERTI	5, WERE FYING C			1917
10.7	21a ACCIDENT WAS UN CIR CONTRIBUTING [] (# EITHER, HOTHY MED	CAUSE OF DEATH	216 TIME O HOUR A.	M MONTH D	AY YEAR	TIC HOW IN	JURY OCCURS	RED INNINE	ATURE OF MUSET	Per Pilan 18.	PART TOR	FART 21	4	
MEDICAL	714 INJURY OCCUR	The state of the s	71e PLACE	OF INJURY		TH LOCATE	SN.		100 march 1		3951			Y. V.
×	ALMORE TO ACLA	mai D	I AT HOME STR	EFF FACTORY, OFFICE, F	TARM, TTC 1	574887			Chicktow	4	col	UNITY	,	DAIR
	17s.t certify that (I saw the decea above (I) (we)	(the hospital)	offered 16	e deceased from	9 9	nd that in (my)	(our) opinion (death accurr	9 17 reg on the date	r and ha	19	17.4	hat (f) (s	
	21s. SIGNATURE	Was	en			U.D	ATTENDING L	DIRECTOR	STAFF	N []	220	9/1	7/89	١.
	RASI-	TAS	SI N	LID		1114		qua A	ve.ste	.107	, wh	ieal	on 1	AD.
23a	BURIAL, CREMATION		236 DATE			EMETERY OR			TY OR TOWN		COUNT	Ty		STATE
	CREMATI	ON		,1987 ME		LITAN C	REMATOR	RY ALE	XANDRIA	A		V	IRG	NIA
24. F	UNERAL DIRECTOR	FRANCIS	J. CC	LLINS, J	R.		250 57	EBEGO AY	REG 7 AR 25	REGIS	BURGE	MOUNT	ORE	
	500 UNIVER	SITY BI				, MD 20	901	. 1	20.					

DHMH - 16 60M 7/B4 (VRA 15, 4)

WFDRIANT, IF BE

3 5 5 23 the first the second of Englished Petition Total I was a few from the contract of House of the Market

- Title (Title + C C C C

0	6	7	2	8	1	00T1-15987
-	-		-	~		- ISTAIRS

Notified/Approv injury, or other traumatic event.

neval director page 3

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIE CEPTIFICATE OF DEATH

A			
i F			

É				
REG	NO.	4		
DATE OF DEATH	MONTH	DAY	YEAR	2b HOUR
	7-10	- 1	1997	1.100

	REGISTRAR		CERTITI	CAIL OF DEATH	REG. NO)		}
	DECEASED NAME FIRST	MIDDLE	. 17	NST .	20 DATE OF DEATH	MONTH DAY	Y YEAR	2b HOUR
{1x	THE OR PRINTS	n R. t	tami	10	9.	-19-	1987	1.10 Pu
3 S		4 RACE	5 DATE O	- / 1 .	6 AGE (IN YEARS LAST BIRT	HDAY] IF	UNDER I YEAR	IF UNDER 74 HRS.
	MALE	Black	Oct	. 31.1929	57		NIHS DAYS	HOURS MIN.
70	BIRTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	2 8	-	BALTIMORE CITY O	R COUNTY O	FDEATH	
/	D. C.	U.S.A.	MARRIEC	NEVER MARRIED	Montgom			
10.0	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	WIDOWE		120 USUAL OCCUPATION		18th Kilono O	MD.
X	ilver Spring	Holy Cross	T ADDRESS)		Clerical		N.I.	
	I. STATE 136 COU	or other institution, give residence before institution in give residence before in the control of the control	WN I	13d INSIDE CITY LIMITS? •YES A NO	13. STREET ADDRESS / 2210 Buc	ZIP CODE knell	209 Terr	
G 14.1	FATHER'S NAME FIRST William	N. Hamlin		15 MOTHER'S MAIDEN NAME OF THE ST. ST. ST. ST. ST. ST. ST. ST. ST. ST.	ME MIDDLE Ann	Н	amlin	1
) 16a	WAS DECEASED EVER IN U.S. A		URITY NO.	17 INFORMANT	ADDRE			
FO		rea 577-52	-9506	Alice E. H	Iamlin-Sam	e as	# 13	above
2		only one cause per line for (a), (b), a	ind (c).)				APPROXI	MATE INTERVAL ONSET AND DEATH
Ap	PART I. DEATH WAS CAUS	ED BY	A .	MINT			- Desire - Control	Zirist i Arvo di Arri
2	IMMEDIA							
ed		DUE TO, OR AS A CONSEOL	JENCE OF	- Bluedin	C C		1	
	Conditions, if any, which gove rise to immediate	(16) Offer	1 01	- Bacain	4 4			
44	couse (a), stating the	DUE TO, OR AS A CONSEQU	UENCE OF				0.15	
17.	underlying cause last.	(IC) S7QV	hnye	a) cmci	Noma		2 3 2 2	
ON Z		CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	IT ION GIVEN	IN PART 1:0	0
naner N								
H	198 DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDIN	
E E	~ 2 YEMS	Mid Esophare	ul CA	rcidome	YES NO X	YES	_	NO [
Examiner	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	VE. 18	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM IB PAR	T I OR PART 2)	
AL	OR CONTRIBUTING CAUSE OF DE		DAY YEAR					
Exa	214 INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATION				1
7		(AT HOME STREET FACTORY, OFFICE	FARM ETC 1	STREET	CITY OR TO	VN	COUNTY	STATE
al	AT WORK AT WORK	pital) attended the deceased from	1.1	W 10 FT	to su	16 7	22	that (I) (we) lost
O	sow the deceased alive a			d that in (my) (our) opinion	, 10			
-런	above, (I) (we title (did n	ot) view the body ofter death.			ded in decorred on the de	Te ond noor o		
led	27b. SIGNATURE	11/11/6/		DEGREE	- MEDICAL STAF	F	O DAJE	8/87
Σ		Jugo		PHYSICIAN	DIRECTOR PHYSIC	IAN	1///	3/0/
/	224 PHYSICIAN'S NAME (TYPE	V		22e ADDRESS	1			
	R. Gect	- MND MD		26502	hiclds Bn			-512
23d	BURIAL CREMATION, REMOVA	L 23b. D/TE / 23c	NAME OF C	EMETERY OR GREMATORY	236 LOCATION		1	1
	(Sreem)	9/24/87 /	TARME	DNY MEH. PA	S. CAMDON	er. F	-3.	MD STATE

DHMH - 16 60M 7/B4 (VRA 15, 4)

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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending should be detached for use as the burnal-transit permit. Then please remove commonth the State Dept. of Health and Mental Hyarina mior to burnal, cremation, or

IAPORTANT: If Item 21 is morked of Nem 1

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician

24 FUNERAL DIRECTOR
4. S. MAN SHINGTON + Sous 4925 BURNOUGH AVSEP 29 1981 July Durly 18

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A'Aug. 22 .17. 21.1720 57.

Section 1 Probability

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Ma. Monteconer viles as and morals repossible . Ex

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DHMH - 16 60M 7/8

(VRA 15, 4)

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

W

Richard Merle Harbeck September 25, 1987 7:45; 3. SEX 4 RACE S. DATE OF BIRTH MONTH DAY YEAR 26 HOURS White 06/19/23 YEAR 64 YRS.	HRS
3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) FUNDER 14 FUNDER 15 FU	HRS
J. JLA	
Male White 06/19/23 YEAR 64	
	MIN
70. BIRTHPLACE (STATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY? 8	
New York United States WIDOWED DNORCED Montgomery	MD
10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRYU.S. O	SOR
Olney Montgomery General Hospital Research Director of Educat	
Would residence the nursing home or other institution, give residence before admission) 136, STATE 136, COUNTY 137, CITY OR TOWN 138. INSIDE CITY LIMITS? 138. STREET ADDRESS / ZIP CODE 400 Windmill Lane 20904	
14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME	
FIRST MIDDLE LAST Merle Joseph Harbeck Edna Catherine Watson	
160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
Yes WW II 094-12-4052 Mary B. Harbeck, Same as 13	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERV. BETWEEN ONSET AND DI	ATH
PART I. DE ATH WAS CAUSE D BY: IMMEDIATE CAUSE DO ON THE PART I. DE ATH WAS CAUSE DO ON THE PART I.	
DUE TO, OR AS A CONSEQUENCE OF. 1 ()	
Conditions, if any, which (16) server 131 Metastintic car To Isnas	
gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF 3	
underlying cause last. () party differentiated squares can of neck.	
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Tra	
3 Huser con cent 14	
THE CONSTITUTE OF INJURY 190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO 210. ACCIDENT WAS UNDERLYING 210. TIME OF INJURY F INJURY OF INJ	2
YES NOW YES NO	
210. ACCIDENT WAS UNDERLYING . 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY TEAR (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STA	IE
WHILE NOT WHILE AT WORK AT WORK THEET, PACTORY, OFFICE PARM, ETC.)	
27a certify that (1) (this haspital) attended the deceased from 9/25 , 19 37 to 9/725 , 19 57, that (1) (wo	e) last
saw the deceased alive an	ed
27b. SIGNATURE 22c DATE SIGNED	
ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 9/26/187	
22d. PHYSICIAN'S NAME (TYPE OR RENT) 22e ADDRESS	
Nes Julie MD 18111 Prince Philip Drive, Olney, MD 200	832
230. BURIAL, CREMATION, REMOVAL 236. DATE 23C NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN COUNTY STA	1E
Burial 9-29-87 Arlington National Cemetery Arlington, Virginia	
24 FUNERAL DIRECTOR Richard Rapp. Inc. 250. DATE REC'D. BY REGISTRAR'S SIGNATURE	
P. O. Box 43352, Washington, DC 20010 0CT 01 1981 Julia Darden Condition	

DET O 1 1887 July Technology

TO HOSPITAL

DHMH - 16 60M (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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FP :	1 1	FOR STATE GISTRAR			DEPARTA		EALTH AND MENT		IENE REG. N	%f			
-	i. bei	CEASED NAME	FIRST		MIDDLE	L	AST		20 DATE OF DEATH		QAY YEAR	26 HOU	JR .
	(Tree	OR HEHA))	TOHN)	H		HARING		C	79	20 87	10 04	PM
	3. SEX	×		4. RACE	1	5. DATE C		BIRTH 6 AGE (IN YEARS LAST BIRTHDAY)			MONTHS DAYS	IF UNDER	24 HRS MIN.
		nale		Whi	te	MONTH 3	13	17	70	YRS		HOURS	MIN.
50		RTHPLACE (STATE OR F	OREIGN		WHAT COUNTRY?		NEVER MARR		9 BALTIMORE CITY O		TY OF DEATH		
4		CHIGAN	TH	USA	HOSDITAL NILIBSINI	WIDOWE	DA DIVORC		MONTGOMER'		Tion while o	5 01 15 h 15	MD.
71		COMA PARK		(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	IST HOSPI		(TYPE OF WORK FOR MOST O		LIFE) 126 KIND OF INDUSTRY PENTA		:55 OR
3	13a S	AL RESIDENCE (# NURS STATE ARYLAND	35 COUN	OTHER INSTITUTION ATY EORGES	GIVE RESIDENCE BEFORE 13c. CITY OR TOW CHILLUM		134. INSIDE CITY LI		13e STREET ADDRESS . 1310 BALFO	ZIP COL	DE DURT 207	782	
1		ATHER'S NAME FIRST JNKNOWN		MIDDLE	LAST		15 MOTHER'S MAI	KNOWN	MIDDLE		LAST		
0.4		VAS DECEASED EVER	IN U.S. AR	MED FORCES?	166 SOCIAL SECU	RITY NO	17 INFORMANT			SS BOX	363		
7		YES, NO OR UNKNOWN)		E WAR OR DATES)	577-10-0		KATHLEEN				ER, MN 55	5927	
7	CERTIFICATION	Canditions, if any, gave rise to imm cause (a), statin underlying cause PART 2 OTHER SIGN C. C. C. C. C. C. C. C. C. C. C. C. C. C	last.	DUE TO, QUE CONDITIONS CO	RAS A CONSEQUE A STOP A DITTIBUTING TO D	NCE OF LIV DEATH BUT	er dure		E ASel. NAL DISEASE OR CON 200 AUTOPSY? YES NOT	20b IF Y	ES, WERE FINDIN	IGS USED	H?
6	CERT	210. ACCIDENT WAS UND	ERLYING [] 21b. TIME O			21c. HOW INJURY	OCCURR	ED (ENTER NATURE OF INJU			NO L)
4	A	OR CONTRIBUTING (IF EITHER NOTIFY MEDIC		1111		Y YEAR							
1	MEDICAL	21d INJURY OCCURE	RED	21e. PLACE			21f LOCATION STREET		CITY OR TO	WN	COUNTY	5	TATE
	8	220.1 certify that (1) saw the decease abave, (1) (we) (c	(this haspi	9/10	1127 19	, an	d that in (my) (aur)		ta	20 ate and ho	,	that (I) (v	
	8	226. SIGNATURE) All	lece	v.			IDING ICIAN	MEDICAL STAI	FF IAN 🗌	276 DATE :	10)
		VEK	C	VALL) M. D				lo Terral	e de	yalrs vi	lle	Maj
	(BURIAL, CREMATION, SPECIFY) BURIA		SEPT22	1987		EMETERY OR CREM	ERY	23d LOCATION CITY OF TOWN WASHINGTO				TATE
/84		UNERAL DIRECTOR			OLLINS SPESS		- 47 15 -		FP 9 3 1007			URE	

BP.

DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

6

1	GEGISTRAR				CERTIF	ICATE OF DEATH		REG. N	10.			
	DECEASED NAME	FIRST	A	AIDDLE	Į.	AST	20. DA	TE OF DEATH		DAY YEAR	R :	26 HOUR
(1)	YPE OR PRINT)	EUFOR:	D	W.	HA	RMAN	5	SEPT 6,	1987		[]	1:18PM
3. 9	SEX	4.	RACE		5 DATE C		6. AGE	(IN YEARS LAST BI	RTHDAY)	IF UNDER 1 YE		IF UNDER 24 HRS
	MALE		CAUCAS	SIAN		25, 1921		65	YRS	MOIVING DA	.,3	MIN.
7a.	BIRTHPLACE (STATE OR	FOREIGN 76	CITIZEN OF	WHAT COUNTRY?	B. MARRIEI	NEVER MARRIED	9 BAL	TIMORE CITY	OR COUNT	Y OF DEATH	1	
	irginia	7	U.S.A.		WIDOWE	D DIVORCED	□ Mo	ntgomer		-		MD
	ilver Sprin		(IF NOT IN SUC	HOSPITAL, NURSINI H FACILITY, GIVE STREET A Bel Stree	ADDRESS)	OR OTHER INSTITUTION	(TYPE C	SUAL OCCUPAT DE WORK FOR MOST am Fitt	OF WORKING LI	FE) INDUST	RY	BUSINESS OR STRUCTIO
130	UAL RESIDENCE (IF NUR 1. STATE [aryland	136 COUNT		GIVE RESIDENCE BEFORE 131. CITY OR TOWN Silver S	N	13d. INSIDE CITY LIMITS YES 🔣 NO 🗍		REET ADDRESS 8 Gabel			090	01)
14.	FATHER'S NAME FIRST Millard	MI	DDLE	Harman		15. MOTHER'S MAIDEN FIRST Dorsey	NAME	MIDDLE		Ble	LAST VII	ns
160	(YES, NO OR UNKNOWN)		ED FORCES?	166 SOCIAL SECUI	RITY NO.	17 INFORMANT		ADDR	liver	Sprin	g,N	Md.20901
L	Yes	1942-1		228-18-3	531	Shirley Har	man;			el St	ree	et:
Г	18. CAUSE OF DEAT PART I. DEATH V	H (Enter anly	ane cause per	line far (a), (b), and	ficul 1	- 1				BETWE	ROXIM	ATE INTERVAL
CERTIFICATION		NIFICANT CO	onditions co	live pu	EATH BUT	NOT RELATED TO THE THE	ne	AUTOPSY?	206 IF YE	S, WERE FIN	4DING	
1 1	21a. ACCIDENT WAS UN	DERLYING	21b. TIME O			21c. HOW INJURY OCC					2)	NO []
			HOUR A.	M. MONTH DA	YEAR	-						
MEDICAL	21d INJURY OCCUR	RED HILE	21e. PLACE			211 LOCATION STREET		CITY OR T	OWN	COUNTY		STATE
	220 I certify that (I saw the decease abave, (I) (web) (22b SIGNATURE	ed alive an	HUSL	COT 11 10 8	7_, ar	DEGREE ATTENDING	GMED	ICAL STA	\FF	ur and Iram	the co	nat (I) (we last auses stated
+	22d PHYSICIAN'S N	AME ITYPE ORF	PRINT)	/ CAGON	,,,,	PHYSICIAN 22e ADDRESS	N DIREC	CTOR PHYSI	CIAN	-	/ ~	101
		RTON E				6525 BEL			HYAT	TSVI	LL	E MD.
230	BURIAL, CREMATION	, REMOVAL	23b DATE			EMETERY OR CREMATO		LOCATION CITY OF TOWN		COUNTY		STATE
24	BURTAL		-	-		awn Cemeter	DATE PECT	Rockvil	Le; Mo	ntome	ry;	Md.
124	DANZANSKY						EP'8	1987	Julia 1	LALDAS SIGN	2	Saco .
	1170 ROCE	VILLE	E PK.;	ROCKVIL	LE MI).			1	-	-	,

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The low require that the certificate be executed within 24 hours ofter death. Page 4 may be retained by the basental or attending observing on passing and provinced by the basental or other death.	10 FUNERAL DIRECTOR. After this certificate has been signed for the attending physician and compared in by the funeral director, page 3	should be detached for use as the buriol-transit permit. Then plaase remove carbon papers. Figure 1 should be filed within 72 hours after death with the State Dept of Health and Mental Hygiene prior to burish, cremotion, or removolume.
DIVISION OF V	TO HOSPITAL OR ATTENDING PHYSICIAN: The I	TO FUNERAL DIRECTOR. After this certifice	should be detached for use as the burial-tro with the State Dept of Health and Mental H

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

4	07	STATE REGISTRAR				CERTIF	ICATE OF DEATH		REG NO		
J		EASED NAME	FIR51		MIDDLE	l	AST .	26 DATE OF DE	ATH MONTH	DAY YEAR	26 HOUR
	(TYPE)	OR PRINT)	JOSEPH		L.	HARI	RINGTON	91	1/2		Cas w
	3 SEX			RACE		5 DATE C		6 AGE (IN YEAR	LAST BIRTHDAY)	MONTHS BATS	HOURS MIN.
I	N	ale	- 111	Caul	asian	12			53YR	s	
	7a BIR	RTHPLACE (STAT	E OR FOREIGN	b. CITIZEN OF	WHAT COUNTRY?	MARRIE	NEVER MARRIED	9 BALTIMORE	CITY OR COUP	NTY OF DEATH	-
9	(1)	askensi	TON D.G.	u	. S.A.	WIDOWE		Mon	toome	Ry Car	with, MD
٦	10 CI	TY OR TOWN OF	DEATH		HOSPITAL, NURSIN		R OTHER INSTITUTION		R MOST OF WORKIN		OF BUSINESS OR
1	21/	VER S	AND HOLE OF	STOR	GIVE RESIDENCE BEFORE	_ / Y	05 p, 70/	PRESSM	AN	BALT.	SUN (
	13a S		MONTG	TY	SILVER S	N	134. INSIDE CITY LIMITS?		ORESS / ZIP COUSTWOOD		20904
	14. FA	THER'S NAME		IDDLE	1AST		15 MOTHER'S MAIDEN NAM		NIDDLE	14	151
		WILLIAM		noott.	HARRINGT	NC	JOSEPHIN				BARDI
		AS DECEASED E	VER IN U.S. ARA	MED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT		ADDRESS		
	YE	S	1953-	1957	579-48-	1590	IRENE HARRIN	NGTON/WI	FE/SAME	AS 13	
1		II CAUSE OF D	EATH Enter only	y one couse per	line for (o), (b), on	d (c).1				APPRO) BETWEEN	NIMATE INTERVAL
1		PART I. DEA	TH WAS CAUSED	BY			ESPIRATOR.	1 (0110	755	5	The ce !
			provide		R AS _A CONSEOUI	NCE OF					
		Conditions, if	ony, which	(6)			ruoma of	: lace	1		
1		gove rise to	immediate	3005 700	R AS A CONSEQU	NCE OF			TID III		
			couse lost	(6)	R AS A CONSECUT	INCE OF			1		
1		PART 2 OTHER	SIGNIFICANT CO	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	MNAL DISEASE C	RCONDITION	GIVEN IN PART I	10
	NO O										
V	CAT	190 DATE OF OF	PERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPS		YES, WERE FINDE	
	CERTIFICATION							YES N		YES	NO [
7	CER	21a. ACCIDENT WA		216 TIME C		AV VEAD	21E HOW INJURY OCCUR	RED (ENTERNATUR	OF INJURY IN ITEM	18 PARL I OR PART 21	
			CAUSE OF DEAT	"	M. MONTH D. M.	19					
	MEDICAL	214 INJURY OC		21e PLACE	OF INJURY		211 LOCATION		ITY OR TOWN	COUNTY	STATE
	W	WHILE N	OT WHILE	(AT HOME ST	REET FACTORY OFFICE F	ARM, ETC)	STREET		III OR TOWN	-	37416
				ol) ottended th	e deceosed from_	58	119 19	to	9(1)	. 19	that (we) last
		sow the de	ceased alive on_	915	198		nd that in (my) (our) opinion	deoth occurred o	n the date and	hour and from the	e couses stated
		226 SIGNATUR		view the body	otter death.		DEGREE			22c DAT	ESIGNIJO
			P 6	Du.		Der.	ATTENDING PHYSICIAN	MEDICAL -	STAFF PHYSICIAN	al.	1/87
/		224 PHYSICIAN	'S NAME (TYPE OR	PRINT)			22e ADDRESS			1	1
		DR. 1	EDGAR LE	VIN			9801 GEORGIA	A AVE. #	341 SIL	VER SPRI	NG, MD
		URIAL, CREMAT	ION, REMOVAL	23b. DATE	23€ 1	VAME OF C	EMETERY OR CREMATORY	23d LOCATH		COUNTY	41416
			RIAL	SEPT10	,1987 F	r. LIN	NCOLN CEMETERY			INCE GEO	RGES MD
	24 FU	INERAL DIRECTO	OR FRANCI	S J. CC	LLINS	г.			ISTRAR 256 REC	GISTRAR'S SIGNA	TURE
							MD 20901	oer 14	1901 gu	ha Dander	n-Kondaes

DHMH - 16 60M 7/84

BP

(VRA 15, 4)

IMPORTANT: If them 21 is marked at them, 18 shows any injury, or other troumotic event, the medical

SEF 1 4 1887 See Landon States

0 6 5 6 4

executed within 24 hours after

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that retained by the hospital or attending physician.

BP. DHMH - 16 60M (VRA 15, 4) STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

26836

FOR STATE REGISTRAR

REG. NO		R	E	G.	N	0
---------	--	---	---	----	---	---

11		CEASED NAME			MIDDIE			20 DATE OF DEATH MG		YEAR	
			REBE	CCA	Ε.	H	ARRIS	C	904	87	1:480
	3 SE)			4 RACE	1	5 DATE O		6 AGE (IN YEARS LAST BIRTHD	MONTHS		HOURS MI
		FEMALE		CAUCI	451AN	MONTH	21 73	13	YRS	DATS	HOURS M
10/6		RTHPLACE (STATE OF	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	O MENTER MARRIED FT	9 BALTIMORE CITY OR		EATH	
6 /	(GEORGIA	100	U	ISA	WIDOWE	D NEVER MARRIED TO	MONT	CHOMER	4	
	10 CI	TY OR TOWN OF DE	ATH			G HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATION	1 126	KIND OF	BUSINESS
600	5/	LUER SPR	Ma	HO IN SU	CH CROS		HOSPITAL	(TYPE OF WORK FOR MOST OF W	ORKING (IFE) IN	DUSTRY	_
		AL RESIDENCE (# NUR	136 COUN		N GIVE RESIDENCE BEFORE		AND THE CHANGE	In expert appress / 3	un cons	200	202
彭		MD	MO		SILVER S		13d. INSIDE CITY LIMITS?	1705 BEL	LUEDER	CIC	902 3 L V I
9-7	14. F.A	THER'S NAME					15 MOTHER'S MAIDEN NA				
5		JAMES		S	HARR	15	SARAH	MIDDLE		T.7 A 7	LKER
9	16a V	VAS DECEASED EVE	R IN U.S. AR	MED FORCES?	166 SOCIAL SECUE	RITYNO	17 INFORMANT	ADDRESS		WAU	TKEK_
nedic	- {	YES, NO OR UNKNOWN)	(IF YES GIVE	E WAR OR DATES)	220-06-7	7540	TAMES C HAR	DIC/EATHED	CAME AC	. 12	
å F	=						JAMES S. HAR	KIS/ FAIHER	SAME AS		ATE INTERVAL
1		PART I DEATH	WAS CAUSE	ÓBY	er line for toi, (b), and		PIRATORY A	TRREST			MINU
2			IMMEDIAT	E CAUSE (D)_	טועייות	1662	- / ICH (DIE-)	110/07/28 (30	14 7.00
2		100 000		DUE TO, C	OR AS A CONSEQUE	NCE OF	HUPERTEL	15124)			
3	15	Conditions, if any		(b)_	PULINO	VITTEG	HUPEICIEN	02(0)0		-	
ž		cause (a), state		DUE TO, C	COR PU	NCE OF	. 1 1-1- C				
0 10		underlying cous	e 1051.	((c)_	COR PU	LMU	DUME				
		PART 2 OTHER SIG	NIFICANTO	ONDITIONS C	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OF CONDIT	ION GIVEN IN	PART 1:0	
رم	7	THE STREET					THE RELEASE TO THE TERM	THE DISEASE ON CO. ID.			
y injury.	TION			I w south		ODERAVIO				14	OC LICEO
s any injury.	FICATION	190 DATE OF OPERA		196 CONE	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	Ob. IF YES, WER	RE FINDING	OF DEATH?
shows ony injury.	RTIFICATION	190 DATE OF OPERA	ATION			OPERATIO	N WAS PERFORMED	200 AUTOPSY? 1	Ob. IF YES, WER N CERTIFYING YES	RE FINDING CAUSES C	
18 shows ony injury.	CERTIFICAT		ATION NDERLYING] 21b. TIME	OF INJURY	OPERATIO		200 AUTOPSY? 1	Ob. IF YES, WER N CERTIFYING YES	RE FINDING CAUSES C	OF DEATH?
hem /	CERTIFICAT	190 DATE OF OPERA	NDERLYING CAUSE OF DEA	21b. TIME (HOUR A	OF INJURY A.M. MONTH DA		N WAS PERFORMED	200 AUTOPSY? 1	Ob. IF YES, WER N CERTIFYING YES	RE FINDING CAUSES C	OF DEATH?
d or hem 18 shows any injury,	CERTIFICAT	190 DATE OF OPERA 210 ACCIDENT WAS UP OR CONTRIBUTING (IF EITHER NOTIFY MEE 214 IN JURY OCCUP	NDERLYING CAUSE OF DEADICAL EXAMINER	21b. TIME (HOUR A	OF INJURY A.M. MONTH DA	Y YEAR	N WAS PERFORMED	200 AUTOPSY? 1	POD. 1F YES, WER N CERTIFYING YES NITEM 18 PART 1 O	RE FINDING CAUSES C	NO [
hem /	MEDICAL CERTIFICATION	210 ACCIDENT WAS UP OR CONTRIBUTING (IF EITHER NOTIFY MEE WHITE NOTIFY AT WORK AT WORK	NDERLYING CAUSE OF DEA	21b. TIME (HOUR A P 21e PLACE (AT HOME S	OF INJURY A.M. MONTH DA P.M. E OF INJURY TREET FACTORY OFFICE, FJ	YEAR 19	N WAS PERFORMED 214 HOW INJURY OCCUR!	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJURY I	POD. 1F YES, WER N CERTIFYING YES NITEM 18 PART 1 O	RE FINDING CAUSES C	NO [
hem /	CERTIFICAT	210 ACCIDENT WAS UP OR CONTRIBUTING (IF EITHER NOTIFY MEE WHITE NOTIFY AT WORK AT WORK	NDERLYING CAUSE OF DEA	21b. TIME (HOUR A P 21e PLACE (AT HOME S	OF INJURY A.M. MONTH DA P.M. E OF INJURY	YEAR 19	N WAS PERFORMED 214 HOW INJURY OCCUR!	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJURY I	POD. 1F YES, WER N CERTIFYING YES NITEM 18 PART 1 O	RE FINDING CAUSES C RPART 2)	NO STATE
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If Hem 21 is marked or Hem 1	CERTIFICAT	210 ACCIDENT WAS UP 210 ACCIDENT WAS UP OR CONTRIBUTING (IF EITHER NOTIFY MEE 21d INJURY OCCUP WHITE AT WORK AT W 220. certify that (I sow the deceo obove Dwel	NTION NDERLYING CAUSE OF DEADICAL EXAMINER RRED ONE ONE ONE ONE ONE ONE ONE O	21b. TIME (HOUR A	OF INJURY A.M. MONTH DA P.M. E OF INJURY TREET FACTORY OFFICE, FJ	19 ARM ETC) . ar	216 HOW INJURY OCCURE 211 LOCATION SIREET 21 V 19 9 and that in (my) (aur) apinian of the company of the comp	200 AUTOPSY? YES NO CITY OR TOWN CITY OR TOWN MEDICAL STAFF	POD. 1F YES, WER IN CERTIFYING YES NIEM 18 PART 10	REFINDING CAUSES CAUSES COUNTY throw the county cause	STATE STATE state (It (we) bouses stoted
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If Hem 21 is marked or Hem 1	CERTIFICAT	210. ACCIDENT WAS UP OR CONTRIBUTING UP ETHER NOTHY MEE 21d INJURY OCCUP WHILE AT WORK	NDERLYING CAUSE OF DEA	21b. TIME (THE HOUR A 21c PLACE (AT HOME S (AT) view the bad	OF INJURY A.M. MONTH DA P.M. E OF INJURY TREET FACTORY OFFICE, FJ	Y YEAR 19 ARM ETC) , or	211 LOCATION STREET 211 LOCATION STREET And that in (my) (aur) aprilian in DEGREE MANYENDING ANYSICIAN (220 ADDRESS)	ZOO AUTOPSY? YES NO CITY OR TOWN CITY OR TOWN deoth accurred on the dote MEDICAL STAFF DIRECTOR PHYSICIA	20b. IF YES, WER N CERTIFYING YES \(\text{YES} \) N ITEM 18 PART 1 0	RE FINDING CAUSES CAUSES COUNTY OUNTY trom the ci	STATE ST
MPORTANT: If them 21 is marked at them 1	MEDICAL CERTIFICAT	210 ACCIDENT WAS UP OR CONTRIBUTING (IF EITHER NOTIFY MEE 21d INJURY OCCUP WHITE NOTIFY MEE 220. I certify that (I sow the deceo obove Towe) 220. SIGNALLIF	NDERLYING CAUSE OF DEA	21b. TIME of HOUR A HOUR A LOI ottended to the bad approximately view the bad A HOUR A PRINT!	OF INJURY A.M. MONTH DA P.M. E OF INJURY TREET FACTORY OFFICE, FJ The deceased from	AY YEAR 19 ARM ETC) . or	216 HOW INJURY OCCURS 211 LOCATION STREET and that in (my) (aur) aprinion of the company of th	200 AUTOPSY? YES NO CITY OR TOWN CITY OR TOWN MEDICAL STAFF	20b. IF YES, WER N CERTIFYING YES \(\text{YES} \) N ITEM 18 PART 1 0	RE FINDING CAUSES CAUSES COUNTY OUNTY trom the ci	STATE ST
MPORTANT: If them 21 is marked at them 1	MEDICAL CERTIFICAT	210. ACCIDENT WAS UP OR CONTRIBUTING (IF EITHER NOTIFY MEE 21d INJURY OCCUPY AT WORK ALW) 220. I certify that (I sow the decee obove. (I we) 22b. SIGNATURY 22d FINST AN'S NOW AND AND AND AND AND AND AND AND AND AND	NDERLYING CAUSE OF DEA	21b. TIME of HOUR A HOUR A HOUR A HOUR A HOUR A HOUR A HOUR STORY AND A HOUR A HOUR A HOUR AND A HO	OF INJURY A.M. MONTH DA P.M. E OF INJURY TREET FACTORY OFFICE, FJ The deceased fram 19 y ofter death. COLEMA 23c N	AY YEAR 19 ARM ETC) OF COMMENT O	211 LOCATION SIREET 211 LOCATION SIREET AND AMERICAN DEGREE MANIENDING ANYSICIAN 220 ADDRESS 1119 ROC EMETERY OR CREMATORY	ZOO AUTOPSY? YES NO CITY OR TOWN CITY OR TOWN MEDICAL STAFF DIRECTOR PHYSICIA 234 LOCATION CITY OR TOWN	20b. IF YES, WER N CERTIFYING YES N TIEM 18 PART 1 0 Ond hour and	OUNTY tram the ci 22. DATE S 29 - 4	STATE ST
IMPORTANT: If them 21 is marked or them 1	MEDICAL CERTIFICAT	210. ACCIDENT WAS UP OR CONTRIBUTING [IF EITHER NOTIFY MED 21d INJURY OCCU! WHILE NOTIFY THAT I WORK AT WOR 220. I certify that (I sow the deceo obove. (I Due) 22d I WAN'S N CAMBOR BURIAL, CREMATION	NDERLYING CAUSE OF DEA	21b. TIME of HOUR A HOUR A HOUR A HOUR A HOUR A HOUR A HOUR STANDARD TO THE SEPT9	OF INJURY A.M. MONTH DA P.M. E OF INJURY TREET FACTORY OFFICE, FJ The deceased fram 19 y ofter death. COLEMA 23c N	AY YEAR 19 ARM ETC) OF OF NAME OF CRINGT	211 LOCATION STREET 211 LOCATION STREET and that in (my) (aur) aprilian in (my) (aur) apr	ZOO AUTOPSY? YES NO CITY OR TOWN CITY OR TOWN MEDICAL STAFF DIRECTOR PHYSICIA 234 LOCATION CITY OR TOWN	NOB. IF YES, WERN CERTIFYING YES NOTEM 18 PART 10	OUNTY OUNTY OUNTY Attam the city DATE S 9-4 20 Z1 NITY	STATE ST

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REGISTRAR 065633 SEF REG. NO DE ONED NAME MIDDLE LAST 20. DATE OF DEATH MONTH 2h HOUR 3:28 SHTRLEY KATHLEEN HARVEY SEPTEMBER 8 1987 3. SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR IF UNDER 24 HRS MONTH DAY YEAR FEMALE CAUCASIAN JANUARY 29 1943 44 To BIRTHPLACE (STATE OR FOREIGN 7h. CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED COUNTRY) VTRGTNTA UNITED STATES WIDOWED DIVORCED MONTGOMERY CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BETHESDA NAVAL HOSPITAL HOUSEWIFE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 130. STATE THE COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? VIRGINIA FAIRFAX MCLEAN YES T NO T 1308 CAPULET COURT 15. MOTHER'S MAIDEN NAME A FATHER'S NAME MIDDLE LAST ROBERT DONALD DENCHFIELD LILLIAN B. OLSON 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT IYES, NO OR UNKNOWNS 56 5880 RALPH E. HARVEY, 1308 CAPULET COURT, MCLEAN, VA APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY SEPSIS IMMEDIATE CAUSE (a) DUE TO OR AS A CONSEQUENCE OF ACUTE MIXED LYMPHOMA Conditions, if ony, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION % DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20h IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES X NO YES X 21g. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION (AT HOME, STREET FACTORY, OFFICE FARM ETC.) CITY OF TOWN COUNTY STATE AT WORK NOT WHILE 220.1 certify that (I) (this hospital) attended the deceased from SEPTEMBER 7 SEPTEMBER 8 19 87 19 87 sow the deceased alive on SEPTEMBER 8 and that in (my) (our) opinion death accurred on the date and have and from the causes stated oboye, (1) (we) (did) (did not) view the body after death DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN THYSICIAN'S NAME THE OFFICE 22e. ADDRESS NAVAL HOSPITAL BETHESDA, MD 20814-5011 JAMES A. SWENSON, LT. MC. USNR 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 236 DATE Burial Sep.11 198 Arlington Nat'l Arlington, 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Ives-Pearson F. H. Arlington, Va. 22201

DHMH - 16 60M 7/84 (VRA 15, 4)

Id be deta

PORTAN

page 3

FOR STATE REGISTRAR I. DECEASED NAME TYPE OR PRINTS

Conditions, if any, which gave rise to immediate couse (a), stating the

underlying cause last.

214 INJURY OCCURRED

22d PHYS CIAN'S NAME

(SPECIFY)

CERTIFICATION

à.

as the burial-transit per th and Mental Hygiene

herr 18

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGTENE

87 REGISTRAR		CERTIF	CICATE OF DEATH	REG. NO	Harris I .
I. DECEASED NAME FI	RST	WIDDLE	LAST	26 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
WILL	/AM	M HA	ruck	9-	30-87 8:50 AM
3. SEX	4 RACE		OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
MALE	W	MONIT	- 23 - 19	67 YRS	The state of the s
70. BIRTHPLACE (STATE OR FORE)	GN 76 CITIZEN OF	WHAT COUNTRY?	D NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH
Indiana	τ	JSA WIDOWI		Montgomer	у мо
Silver Spring	LIF NOT IN SUC	HOSPITAL, NURSING HOME (H FACILITY, GIVE STREET ADDRESS) TOSS HOSPITAL	OR OTHER INSTITUTION	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING I Aerospace Engin	126 KIND OF BUSINESS OR
13a STATE 13b	COUNTY Ontgomery	GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN Silver Spring	13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS / ZIP COD 9626 Brunett A	
14. FATHER'S NAME	MIDDLE	LAST	15 MOTHER'S MAIDEN NA	ME MIDDLE	1AST
Raymond	J.	Hauck	Ann		Garrott
160 WAS DECEASED EVER IN U	J.S. ARMED FORCES?	166 SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS	
Yes, NO OR UNKNOWN)	WW II	316-07-8012	Helen B. Hauc	ck Wife Same	as 13
18 CAUSE OF DEATH (E PART I. DEATH WAS	nter only ane cause per CAUSED BY: MEDIATE CAUSE (a)	CARDIORES	TIRATORY AR	ILEST	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, wh	DUE TO, O	R AS A CONSEQUENCE OF	C ADENOCARC	CINOMA PRIMARY	
manual size to the size of	-4				

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 216. TIME OF INJURY 210 ACCIDENT WAS UNDERLUNG HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

AT HOME STREET EASTORY OFFICE FARM, ETC }

21e PLACE OF INJURY

e The bady after death

Oct.6,1987

DUE TO, OR AS A CONSEQUENCE OF

21c HOW INJURY OCCURRED

CITY OF TOWN

220 1 certify that (1) (this haspital) attended the deceased from saw the deceased plive a above (1) (we) (did) in a

and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated

STATE

206. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

COUNTY

226 SIGNATURE

ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

220 DATE SIGNED 9-30-8

HRNOUD 236 BURIAL, CREMATION, REMOVAL

23c. NAME OF CEMETERY OR CREMATORY

Gate of Heaven

211 LOCATION

DEGREE

SILVER SPRING MD.

Silver Spring Montgomery Md.

Burial 74 FUNERAL DIRECTOR Francis J. Collins, Jr. 500 University Blvd.,W. Silver Spring, Md. 20901

DHMH - 16 60M 7/84

(VRA 15, 4)

nould be detact

IMPORTANT

OCT OF 1997 Carbridge

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGTENE

		REGISTRAR				CERTIF	ICATE OF L	KAIN		REG. NO).				
	1 DEC	DECEASED NAME FIRST MIDDLE				ı	LAST			20 DATE OF DEATH MONTH DAY			26 HOUR		
		PPE OR PRINT) Edward			На	Hawkins			Sept. 29,1			11AM M			
	3 SEX	SEX 4 RACE			5. DATE C	F BIRTH		6 AGE (IN YEA	RS LAST BIRT	HDAYI	IF UNDER LYEAR	IF UNDER 24 HRS			
	M	Male Whit			е	MONTH 8	1 7	09	7.8	3	YRS.	MONTHS GAYS	HOURS MIN.		
0		BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTR			TRY? 8			9. BALTIMOR			OF DEATH				
/		OUNTRY)				D XNEVER									
_		Vash.D.C		US		WIDOWE		VORCED	Montg				MD.		
	S.S. 11. NAME OF HOSPITAL, NUR 2 TO NAME OF HOSPITAL, NUR 2 TO NAME OF HOSPITAL, NUR				Appressing Drive			(TYPE OF SER FOR MOST OF WORKING LIFE) INDUSTRY S. A							
		AL RESIDENCE UF NU	IRSING HOME OR	OTHER INSTITUTION	GIVE RESIDENCE I	BEFORE ADMISSION)						1	0000		
	13a. S	TATE	136 COUN	ITY	13t. CITY OR	TOWN	134 INSIDE C	ITY LIMITS?	13e STREET A	DDRESS /	ZIP CODE	0/0	1701		
Σ.	M	1d	Mo	nt.	S.S		YES 😾	NO 🗌	218	Indi	ian S	Spring	Drive		
n	14. FA	THER'S NAME					15. MOTHER	MAIDEN NA	ME						
		FIRST		MIDDLE	TE a - 1-		M	FIRST		MIDDLE		LAS			
		James		red	Hawk			ary	E	ller		Whit	tler		
11		VAS DECEASED EVE (ES. NO OR UNKNOWN)	AS DECEASED EVER IN U.S., ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS ES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)						22						
		Yes WWII 578 38			8 2582	2582 Florence Hawkins (Wife)						Same as 13E			
		18 CAUSE OF DEA	TH (Enter on	ly one couse per	line for 101, (b	gnd ici.		4.	1			BETWEEN	MATE INTERVAL ONSET AND DEATH		
		PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Cardioresperatory arrest													
n	Conditions, if ony, which gove rise to immediate (b). Oschemic heart disease									14	1,61.				
										1111	1				
	45	couse (o), stofing the underlying couse lost DUE TO, OR AS A CONSEQUENCE OF									7				
				(c)											
I	Z	PART 2 OTHER SIG	GNIFICANT	CONDITIONS CO	DNTRIBUTING	TO DEATH BUT	NOT RELATED	TO THE TERM	AINAL DISEASE	OR COND	ITION GIV	EN IN PART TO	di		
	CERTIFICATION	19a DATE OF OPER	ALION	19h COND	TION OF WI	HICH OPERATION	N WAS PERFO	RMED	20a AUTOF	543	70h IF YES	WERE FINDIN	Vas used		
7	FIC	The Condition of the Co				THE TOTAL STATE OF THE STATE OF			IN CERTIFYING CAUSES OF DEATH?						
	E									но Х		S 🗌	NO 🗌		
3		OR CONTRIBUTING		216. TIME C		DAY YEAR	21c. HOW IN	JURY OCCUR	RED (ENTER NATI	IRF OF INJUR	Y IN ITEM 18 P	ART (OR PART 2)			
	MEDICAL	(IF EITHER NOTIFY ME	-	1111		19									
	ă	214 INJURY OCCU		71e PLACE			211 LOCATIO	N							
100	ME	WHILE NOT	WHILE [FICE FARM, ETC)	STREET			CITY OF TOW	VN	COUNTY	STATE		
		AT WORK	V@RK						7		120	73 -	0.		
		220 I certify that sow the dece	(I) (this hospi	tol) oyended th	e deceased In	om Ref	17	19_7		nt	29	19 0	that (we) lost		
		sow the deced	osed of use and (did) (did) (did)	view the body	ofter death	19, or	nd that in (my)	(our) opinion	deoth occurred	on the do	te and hou	r ond from the	couses stated		
		226 SIGNATURE DEGREE								22c. DATE	SIGNED				
		1334	cle	1 7	anon	m59	M STENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN					9/3	0/27		
1		22d. PHYSICIAN'S NAME (TYPE OR PRINT)					22e ADDRESS				11121/61				
		Dr.Bruce Cooper 6525 Belcrest Rd. Hyat							lyatt	s.Md.					
		SURIAL, CREMATION	N, REMOVAL	23b. DATE		23c. NAME OF C	EMETERY OR	CREMATORY	23d LOCAT	NON		C OUNTY	STAIL		
		Burial		10/3/	87	George	Wash	naton		1 phi	T	G	Md.		
		JNERAL DIRECTOR		114.37	07	Genise	Wasii		TE REC'D. BY RE						
		lnes/Rin	aldi	11800	New AH	amp Av	e.S.S.		T-21	987	Julia	Jour 6	Randale		
1001 2 301 (

DHMH - 16 60M 7/84 (VRA 15, 4)

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stows ony injury, or other tro

IMPORTANT: If Nem 21 is marked or Nem J8

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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	112 0 10 1111 111					KLO, 140	<i>)</i> .				
	ECEASED NAME FIRST		MIDDLE	ı	AST	20 DATE OF DEATH	MONTH D	AY YEAR	26 HOUR		
(14	PE OR PRINT) Elizabe	th I	L. Hen	ness	еу	September	r 4,1	987	4:25p A		
3. S	EX	RACE	L : 400 - 1	5. DATE C		6. AGE IN YEARS LAST BIRT		FUNDER I YEAR			
	Female Caucasian			May	111, DAY 1912 YEAR	75	YRS	ONTHS DAYS	HOURS MIN.		
7a	76 BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTY New York United States			8.	(7)	9 BALTIMORE CITY OR COUNTY OF DEATH					
				States MARRIED NEVER MARRIED			Montgomery County, M				
10.5			OSPITAL, NURSING HOME OR OTHER INSTITUTION			120 USUAL OCCUPATION 126 KIND OF BUSINESS					
			Honeywel	address) La	ne	(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Homemaker . Own H					
13a	UAL RESIDENCE (IF NURSING HOME OR C STATE 136 COUN' Maryland Montg	Y	13c. CITY OR TOW Betheso	N	134 INSIDE CITY LIMITS? YES NO 🛣	13e STREET ADDRESS /	ZIP CODE / 208.	7506	Honeywe1		
14.1	FATHER'S NAME		LAST	15. MOTHER'S MAIDEN NAM		ME MIDDLE	THE		AST		
	Samue1	R.	Lloyd		Ann	MIDDLE		Kelliher			
16a	WAS DECEASED EVER IN U.S. ARA			RITY NO.	17 INFORMANJoseph	ev 750	506 Honeywell				
	(YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES	072-03-1	L740		la, Maryland 20814					
F	IS CAUSE OF DEATH (Enter only	one couse per	line for (o), (b), one	d (c).1			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
	PART I. DEATH WAS CAUSED	BY: CAUSE (o)			nary Arrest			Sudden			
	Conditions, if ony, which		r as a conseque Lung Ca	ENCE OF				5 M	lonths		
	gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, O	r as a consequence of								
z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110										
CERTIFICATION	19a DATE OF OPERATION 19b CO		ONDITION FOR WHICH OPERATION WAS PERFORM			200 AUTOPSY? 200. IF YES, WERE FINDINGS LIN CERTIFYING CAUSES OF D YES NOTE NOTE NO.					
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DA				AY YEAR 19					
MEDICAL	21d INJURY OCCURRED		OF INJURY REET, FACTORY, OFFICE, F	FARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE		

DEGREE

22e ADDRESS

82

19-

ATTENDING

PHYSICIAN

TO FUNERAL DIRECTOR, After this should be detached for use as the with the State Dept of Mealth and BP

DHMH - 16 60M 7/84 (VRA 15, 4)

the burial-tronsit permit. The ond Mental Hygiene prior to certificate has been

morked or Item

IMPORTANT:

13t. NAME OF CEMETERY OR CREMATORY
Gate of Heaven
Cemetery September 9, 1987 Burial 74 FUNERAL DIRECTOR Robert A. Pumphrey Funeral Home/
Bethesda-Chevy Chase, Minc 20814

Joseph A. Vassallo M.D.

278 1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on September 3, 19 87

above, (1) (we) (did) (did not) view the body after death.

[YPE OR PRINT)

sow the deceosed olive on.

37% SKENATURE

(SPECHY)

23a BURIAL, CREMATION, REMOVAL

Silver Spring, Maryland

September 4,10 8/

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

DIRECTOR PHYSICIAN

23d LOCATION

Wisconsin Avenue Chevy Chase, Maryland 20815

MEDICAL

that (I) (we) lost

22c DATE SIGNED

REGISTRAR 256 REGISTRAR'S SIGNATURE

	FOR
-	STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

La	0	CI	4
	12		

		REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO	5.		
7 7 9 000 10	DE DE	CEASED NAME	FIRST		MIDDLE	i	AST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
77.3 SEP 16	ol	: OR PRINT!	Anna		S.	Her	mann	September	12,	1987	11:00a
0 P	3 SE	X		4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIRT	HDAY)	MONTHS DAYS	
s of		Female		Caucas	ian	Oct	3, 1890 YEAR	96	YRS	MONTHS DAYS	HOURS MIN
Po di		RTHPLACE (STATE O	R FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY O		Y OF DEATH	
0 72		germany		United	States	WIDOWE		Montgome	ry Co	ounty	MD
\$ 18 F	10 C	ITY OR TOWN OF DE	ATH	11. NAME OF	HOSPITAL, NURSIN	G HOME C	R OTHER INSTITUTION	120 USUAL OCCUPATIO	NC	12b KIND	OF BUSINESS OR
人) F	lockville		4 Mon	roe Street	t #20	14	Salespers	SON	Ret Ret	ail
235	13a	al residence (# NU STATE STATE	136 COUN		GIVE RESIDENCE BEFORE 1136. CITY OR TOW ROCKVII	le	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / 4 Monroe S	ZIP COD	E #204/	20850
100	14. F.	ATHER'S NAME					15. MOTHER'S MAIDEN NA				
(3)	//	John		MIDDLE	Schirra		Kathlee	n		Emmi	g
median		WAS DECEASED EVE		MED FORCES? E WAR OR DATES!	042-32-		Anne C. Vi	ner Rockv	Wes ille	tbury MD 2	Road 0853
is by the offending phy, ease remove corbonpol of, cremotion, or removir other froumotic events		Conditions, if on gove rise to in couse to , stot underlying cous	WAS CAUSE IMMEDIAT y, which immediate ing the	D BY: E CAUSE (o) DUE TO, O	R AS A CONSEQUE	NCE OF	Concer				XMATE INTERVAL HONSELAND DEATH
signe nen pl b buri jury, c	z	PART 2 OTHER SIG	GNIFICANT	ONDITIONS C	ONTRIBUTING TO E	EATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONE	OITION GI	VEN IN PART I	la
ene prior t	TIFICATION	19a DATE OF OPER	ATION	19b COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERT	S, WERE FIND IFYING CAUSE ES []	
Mentol Hygier or Item 18 sho	CAL CERTI	210 ACCIDENT WAS UP OR CONTRIBUTING	CAUSE OF DEA	TH HOUR A	DE INJURY .M. MONTH DA .M.	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18	PART I OR PART 2)	
rked or H	MEDICAL	WHILE NOT NATIONAL WORK	VHILE		OF INJURY REET, FACTORY, OFFICE, F	ARM ETC)	211. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
f Health		220.1 certify that?	sed olive on		19		id that in My) (aur) opinion	death occurred on the do	1	, 19_\$7	, that (we) lost e couses stated
detoched to ote Dept o T.: If hem 2		226 SIGNATURE	Paux	July the body	-, hel		DEGREE	MEDICAL STAF	F		E SIGNED
HOSPITA ned by FUNERA Lid be de orthe Stot		Sig he	NAME ITIEL	5- Cal	sen Mi	1	121 COURTES	inal Lane 1	2 ochvil	L. HD	21852

BP.

DHMH - 16 60M 7/B4 (VRA 15, 4)

IMPORTANT: If hem 21 is should be detoched for with the State Dept of t

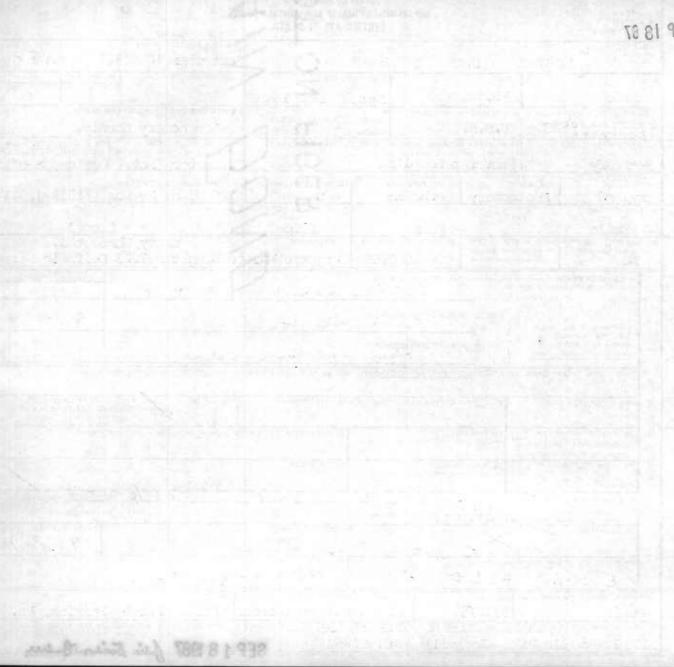
236. BURIAL, CREMATION, REMOVAL SEPTEMBER Gate of Heaven Gate of Heaven 15, 1987 Cemetery Cemetery Cametery 14 FUNERAL DIRECTOR ROCKVILLE, Inc. 300 West Montgomery Avenue Rockville, Maryland 20814

23d LOCATION
CITYORTOWN
Silver Spring, Maryland

25a. DATE REC

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

066216 SEP	FOR SIATE GISTRAR			DEPAR		EALTH AND MENTAL I	HYGIÉNE	REG.	NO.	5 5 /	8 6.4
	I. DECEASED NAME	FIRST	100	MIDDLE	Į.	AST		TE OF DEATH			26 HOUR
y be ge 3 death	(THE ORPHINI)	ROBERT	LE	0	HERZ		Sep	tember	16,	1987	415 M.
	3. SEX	- 4	RACE		5. DATE C		6. AGE	IN YEARS LAST	BIRTHDAY	IF UNDER I YEA	
ector.	Male		White		Apri	11 18, 190	6	81	YI	MONTHS DATS	HOURS MIN.
4 1190	To BIRTHPLACE (STATE	OR FOREIGN 7	. CITIZEN OF	WHAT COUNTRY	? 8	NEVER MARRIED	9 BAL	TIMORE CITY	OR COU	NTY OF DEATH	
\$ 12 pt /8/	Métz Alsa Lorraine	ce-	U.S.A.		WIDOWE		ō l	Montga	mery	County,	MD
100	18. CITY OR TOWN OF	DEATH 1		HOSPITAL, NURS		OR OTHER INSTITUTION	12a. US	UAL OCCUPA	ATION	126. KIND	OF BUSINESS OR YKitch. Equ
0 1 11/1	Bethesda		Suburba	an Hospi	tal						m/Manufac
AND 21:	USUAL RESIDENCE (** N 130. STATE Maryland		other institution TY Comery	13c. CITY OR TO Betheso		13d INSIDECITY LIMITS YES 🔯 NO 🗌		REET ADDRESS			511 (20814)
B 1 19/15/	14. FATHER'S NAME		8DDI €	LAST		15. MOTHER'S MAIDEN	NAME	WIDDLE		1128 14-14	.57
I INDI	Emile		NODIC .	Herz		Alice		MIDDLE		Siegel	451
E. 3.7	160 WAS DECEASED EV	ER IN U.S. ARM	ED FORCES?	166. SOCIAL SEC	URITY NO.	17. INFORMANT		409	nevy	Chase, M	
OM 1 1/	(YES NO OR UNKNOWN)	INF YES, GIVE	WAR OR DATES	086-16-	-0259	Marjorie Wa	asson;		-		
T. BALT	18 CAUSE OF DE PART I. DEATH	ATH (Enter only I WAS CAUSED IMMEDIATE		r line for (o), (b), c	26.5	SEC8.80.	7212	Apres	ST	APPRO BETWEEN	DXIMATE INTERVAL N ONSET AND DEATH
the death ce the attending remove confinence that the confinence that the confinence that the confinence of the confinence that the confinence of the confin	Conditions, if a gave rise to couse (a), st	immediate oting the	(b)	OR AS A CONSED	UENCE OF		ice Tour			7	Wr.
DIVISION OF VITAL RECORDS, 201 W NG PHYSICIAN The law requires that retreating physician. After this certificate has been signed by as the burial-transit permit. Then please th and Mental Hygiene prior to burial, a arked or Item 18 shows any injury, or orl			ONDITIONS C			NOT RELATED TO THE TI	1	SEASE OR CO	ONDITION	GIVEN IN PART I	110.
AL RECO	190 DATE OF OPE	RATION	196 COND	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED	20a YES	AUTOPSY?		FYES, WERE FIND ERTIFYING CAUSE YES [
I OF VIT. ICIAN T g physical entificate riol-transition Hyge fem 18 sh	OR COMPRISIONED I	CAUSE OF DEAT			DAY YEAR	21c HOW INJURY OCC	URRED (EN	ITER NATURE OF IN	NJURY IN ITEA	a 18 PART I OR PART 2)	
UC PHYS AG PHYS attention as the bund Me h and Me inked or I		WHILE WORK		OF INJURY REET, FACTORY, OFFICE	FARM, ETC)	ZII LOCATION STREET		CITY OR	TOWN	COUNTY	STATE
ATTENDING OF CTOR, A for use of Health	sow the deci	(I) (this hospite eased alive on_ e) (did) (did nat	alle	deceased from	~	nd that in (my) (our) opin	ion death or	ccurred on the	date and	hour and from th	, that (I) (we) last e causes stated
TAL OR A to the total of the total breed detoched of the trem.	226. SIGNATURE	5.	X	Die	~			ICAL ST	TAFF SICIAN [220 DAT	(SOMED
TO HOSPITAL retained by the TO FUNERAL I should be deto with the State I MMPORTANT.	22d. PHYSICIAN'S	NAME (TYPE OR		EUIN		a 80(6		ia A	J		
F 5 F ~ > ₹	230 BURIAL, CREMATIC	N, REMOVAL	23b. DATE			EMETERY OR CREMATO		LOCATION CITY OF TOWN		COUNTY	STATE
BP	Burial		9/18/8			avid Mem.Gar				ch; Fairf	
DHMH - 16 60M 7/84	24 FUNERAL DIRECTOR			ADDRESS			DATE REC'D	BY REGISTRA	AR 256. RE	GISTRAR'S SIGNA	TURE
(VRA 15, 4)	1170 Rockvi	lle Pil	ke; Roc	kville,	Md. 20	852	SED 4	0 1097	110	Mind of	O. Jaza



DHMH - 17

Robert A. Pumphrey Funeral Home/ Inc. 300 W Montgomery Avenue Maryland 20850 (VR A15 ME (5))

250. DATE REC'D. BY REGISTRAR 25% REGISTRAR'S SIGNATHRE Julia Dandson-Randon

Ave Rockville.

FOR

DHMH - 16 60M 7/84

(VRA 15, 4)

Rockwille

Montgomery

STATE OF MARYLAND

0
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201
6
HOSPITAL OP ATTENDING PHYSICIAN: The low contract that the death t
in the hospital or offerding physician.
FUNERAL DIRECTOR. After this certificate has been signed by the offending of the offending
ould be detached for use as the burial-transit permit. Then please remove cornormapers, foreigned by the many with the death
th the State Dept. of Health and Mental Hygiene prior to burial, cremation, ai remeral.

	1		Item 160 Film G	631 9-29-87 SB	STATE OF MARYLAND	8 / 26	3 4 5
		1-	state per fuental h		MENT OF HEALTH AND MENTAL HYG	TENE "	0 1 3
			REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
			CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH D	AY YEAR 26 HOUR
4 27 5	CED 21	07	GIBSO	W R.	HICKS	9 9-1	7-87 0445 1
tel Te	ser 23	3. SE)		4. RACE	5. DATE OF BIRTH		IF UNDER THEAR IF UNDER 24 HRS
4 40			MALE	WHITE	MONTH - 15- 16	7/ YRS. M	ONTHS DATS HOURS MIN
2 50	115	7e. Bil		76. CITIZEN OF WHAT COUNTRY?	8	9. BALTIMORE CITY OR COUNTY	OF DEATH
\$ P.F.	20		OUNTRY) ARYLAND	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	MONTGOMER	all was
9 34	277		TY OR TOWN OF DEATH		NG HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION	126 KIND OF BUSINESS OR
4 10	1/	TAI	YOMA PARK	CVASHINGTON	DOLLANTIST HOSE.	(TYPE OF WORK EOR MOST OF WORKING LIFE	
2 42	Ann .			OTHER INSTITUTION, GIVE RESIDENCE BEFOR	E ADMISSION)	MAINTENANCE	U.S. GOVT.
the bed along	130	150 S	TATE 13 COUN	TY 13c. CITY OR TOV	VN 134 INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE	20033
A			RYLAND PG	DIST.	HEIGHTES NO NO NO NO NO NO NO NO NO NO NO NO NO	6033 PARKLAND	COURT #102
36	18/01	TA		MIDDLE	FIRST	WIDDLE	LAST
9 0	1300	1		ARTER HICK			DSON
1 75 1	90	()		WAR OR DATES)	/951A	ADDRESS	
2 55		1	ES	577-09-	5971 HELEN HICK	S, SPOUSE SAME	
of of the state of	0.0		18 CAUSE OF DEATH (Enter onl	ly one couse per line (o1, (b1, or BY:	nducui		APPROXIMATE INTERVAL BETWEEN ONLY I AND DEATH
4	11			E CAUSE (a)	(S		UCAGS
h corp	o pie			DUE TO, OR AS A CONSEQUE	ENCE OF 1	* 1	11/
deat	fron, oum	ш	Conditions, if ony, which	((b) //O/O	ISTANTE YOUS	de CAUCOU	112415
the the	er fr		gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQU			
by by	oth.		underlying cause last.	(c)			
ned ned	y, ar		PART 2 OTHER SIGNIFICANT C		DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVE	N IN PART 10
o sig	n to t	NO					
W bee	ony ony	CERTIFICATION	IN: DATE OF OPERATION	HE CONDITION FOR WHICH	OPERATION WAS PERFORMED		WERE FINDINGS USED
hos per	2 3	TEK				VESTE NOW YES	ING CAUSES OF DEATH?
VSICIONE CODE	8 8 58	CER	21s. ACCESSIT WAS UNDESCRIBED.		21t HOW INJURY OCCURS	ED I ENTER NATURE OF PUBLISH PARTIES FOR	at 1 OR PART 25
phy rtific	To a to		OR CONTRIBUTING COLOR CRAMMERS		AY YEAR		
ding ding	A the	MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION		A Service - Company of the Company o
the the	ond	W	WHILE OF HOT WHILE OF	LATHOME, STREET, FACTORY, OFFICE,	FARM (FC) STREET	CITY OF TOWN	COUNTY STATE
or or Afte	morf		270.1 certify that (I) (this hospit	all all and a state of the stat	15 DN/1 0	17501	87 0
TEN TO NO.	H - H		saw 10 500 and always	TO 5901 10	2 and hat in my just opinion	death occurrent on the date and hour	and from the countries
AT AT TECT FECT FOR THE FECT FECT FECT FECT FECT FECT FECT FEC	of. o		obove, Usy o lidid and not	the body little death.	DEGREE		12% DAY SIGNEY
he he			Allales ()	1/01/11/11	1 11-X ATTENDING	DIRECTOR CI PHYSICIAN CI	9/05/05
HOSPITAL ned by t FUNERAL	Stote		224 PHYSICIAN'S NAME TYPE OF	year ye	PHYSICIAN U	DIRECTOR PHYSICIAN	11/1/01
IOSP Id b	the ORT	,	Tel as A B	Breezes -	2020 6 40000	Cartain Fra	latte x
etoni Show	A MP		IDEMAS 1-1	BUSINGRIC	1263 DIECHAIT	CHURCH, GIE	CURCUMO
F 2	-		URIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY ZU PAY
BP	-		BURIAL	109/21/87 0	EDAR HILL CEMET	ERY SUITLAND P	G MARYLAND
DHMH - 16 60	OM 7/84			E Wilhelm Fu		PRECID BY REGISTRAR 256 REGISTR	Dender - Randall
(VRA 15,	4)	43	08 Suitland	Road, Suitlan	d Maryland St	22 1901 Harry	Driver V. Verrena.

GIESON R 066475 529 23 87 The Total of Secretar Concer atelle the state of the second of the second monde of the dissect of 1505 to 1500 at 4 controls to 1650 helder

STATE OF MARYLAND

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE CERTIFICATE OF DEATH DO RIEGISTRAR REG. NO DECEASED NAME MIDDLE 20 DATE OF DEATH 25 HOUR TYPE OR PRINT LIZ ABE 3 SEX 4 RACE 5 DATE OF BIRTH (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MONTH 18 1920 CAUCASTAN JAN 67 FEMALE TO BIRTHPLACE (STATE OF FOREIGN THE CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY MARYLAND MONTGOMERY USA WIDOWED DIVORCED & CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 17a USUAL OCCUPATION 176 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY REGISTRARS OFFC WASHINGTON ADVENTIST HOSPITAL ASST. MANAGER TAKOMA PARK USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) CATHOLIC UNIV 136 COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS / ZIP COD 1032 NEWTON STREET, NE 2001 WASHINGTON, Dd YES X 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE BOWERS MARGARET WILLIAM T. . RAMSBURG ADDRESS 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) MARION M. HINES/HUSBAND SAME AS 13 220-10-5152 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), PART I. DEATH WAS CAUSED BY MELANOW IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOD NO [21g. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIFETTHER NOTIFY MEDICAL EXAMINER PM 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION COUNTY CITY OF TOWN STATE STREET (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 22a.1 certify that (1) (this hospital) attended the deceased from and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN Y DIRECTOR PHYSICIAN 22e ADDRESS 22d PHYSICIAN'S NAME (TYPE OR PRINTING RKLAUN VARACE 23¢ NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, REMOVAL (SPECIFY) BRENTWOOD PRINCE GEORGES MD FT. LINCOLN CEMETERY SEPT24,1987 BURIAL 24 FUNERAL DIRECTOR FRANCIS J. COLLINS, JR. STRAR 754 REGISTRAR'S SIGNATURE

500 UNIVERSITY BLVD. W SILVER SPRING, MD 20901

DHMH - 16 60M 7/84 (VRA 15, 4)

FUNERAL old be deto

MPORTANT

066830 SEP

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

37	FOR STATE REGISTRAR			FICATE OF DEATH	REG. NO	263	4 3
	CEASED NAME FIRST	WIDDLE		LAST		MONTH DAY YEAR	26 HOUR
(TYPE	Doroth	ıv J.	Hin	rka	Sept. 21,	1987	4:30ar
3 SEX		4 RACE	5. DATE O	- 1100	6. AGE (IN YEARS LAST BIRT		
	emale	Caucasian	June	5, 1927 YEAR	60	YRS DAY	5 HOURS MIN
	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT	MARRIE	D NEVER MARRIED	Montgomery		
	nnsylvania	United Stat		DR OTHER INSTITUTION	12a USUAL OCCUPATIO		OF BUSINESS O
Ga	ithersburg	19700 Wall	(, GIVE STREET ADDRESS)	ce Rd. #321	(TYPE OF WORK FOR MOST OF Personnel S	WORKING LIFE) INDUSTE	
	AL RESIDENCE (IF NURSING HOME DI STATE 136 COUI Cyland Mont		DENCE BEFORE ADMISSION) Y OR TOWN Chersburg	13d INSIDE CITY LIMITS? YES X NO	13. STREET ADDRESS / 18700 Walk	ZIP CODE	
14. F.A	ATHER'S NAME			15 MOTHER'S MAIDEN NA	ME		
	Mike	MIDDLE	rka	Mary	WIDDLE	Ande	LAST
16a V	WAS DECEASED EVER IN U.S. AR		CIAL SECURITY NO.	17. INFORMANT	TT- 11 · ADDRES	S 1 1 1	1200
	YES, NO OR UNKNOWN) (IF YES, GI	(E WAR OR DATES)	20 2390	Stephen Hirka	Woodbine, 1, 15620 Bus	Maryland 21 hy Park Rd.	1790
1	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA			nocarcinoma		Mont	DXIMATE INTERVAL IN ONSET AND DEATH Ths
NO	couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT (((c)	CONSEQUENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR COND	DITION GIVEN IN PART	100
CERTIFICATION	19a DATE OF OPERATION	1%. CONDITION FO	OR WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES TO NOTE	206 IF YES, WERE FINE IN CERTIFYING CAUS YES	DINGS USED ES OF DEATH?
	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MI		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	Y IN ITEM 18 PART 1 OR PART 2)
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJU	JRY ORY, OFFICE, FARM ETC 1	211 LOCATION STREET	CITY OF TOW	VN COUNTY	STATE
	22a 1 certify that (1) (this hasp saw the deceased alive on			nd that in (my) (our) opinion	to 9/20	19 <mark>87</mark>	_, that (I) (we) la
5	obove, (1) (Me) (did) (did no	view the body ofter de	eoth.	DEGREE	MEDICAL STAF	27c DA	te SIGNED
1	THE PHYSICIAN'S NAME THE	id Minets		220 ADDDESS			70
	Stephen Newm		468		omery Villag	ge Ave., Gai	thersbu
- (Burial, Cremation, Removal Burial	Sep.23,198	7 Cedar H	EMETERY OR CREMATORY LILL Cemetery	23d LOCATION CITY OF TOWN Suitland		ryland
Rock Rock	uneral director Robert ckville, inc. ckville, Maryla	300 W. Mont nd 20850	y Funeral gomery Av.	Home, 250. DAT	24 1987	The Devision.	1

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

067 TO FUNERAL DIRECTO AFTER DEATH, WITH TH BALTIMORE, MARYLAN

07 84 25M

> **DHMH - 17** (VR A15 ME (5))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

MEDICAL EXAMINER'S CERTIFICATE O

F DE	ATH REG. NO
1.	20. DATE KNOWN C MONTH DAY YEAR OF ESTI- DEATH MATED
24 HRS MIN.	2. DATE PRONOUNCED DEAD DEAD
en 🗆	9 BALTIMORE CITY OR COUNTY OF DEATH

C	LIBE	ORH (1)	C /		MIDDLE	4	LAST	/	OF ESTI-		DAY YEAR	276
	3. SEX	4 F	ACE 5	DATE OF BIRTH	6 AGE (IN YEAR		- Oliver	24 HRS 2c.	DATE	Jan Jan	The state of	1
ï	1	11	w	MONTH DAY	YEAR LAST BIRTHDAY	MONTH	S POURS HOURS		DE AD	Scol,	240 27	0
H		RTHPLACE (STATE	OR 7	& CITIZEN OF WHA	AT COUNTRY?	MARRII	ED NEVER MARRIE	D 7 8A	LTIMORE CI	TY OR COUNT	Y OF DEATH	-
	M	INNESOTA		USA		WIDOW		D 0	40	2DR	ohor	YN
7	10 CI1	Y OR TOWN OF	DEATH		ITAL, NURSING HOME,	OR OTH	ER INSTITUTION	12a USUAL O	CCUPATION OF WORKING LIFE	(TYPE OF WOR	OR INDUSTRY	ESS
ı	0	L RESIDENCE	109	178 4	CYOPE	14	2190	U.S.	ARMY			
5	13e ST		COUNTY	OTHER INSTITUTION GIVE	13c. CITY OF TOWN	(3 %	134 INSIDE CITY LIMITS?	9211		AVENUE	20901	
7	14 FA	THER'S NAME		WIDDLE	LAST	1	15. MOTHER'S MAIDE		WIDDLE	TIVE	LAST	
	J	OHN		В.	HOEGLUND		HANNAH		S.		HOLTE	
1		(AS DECEASED EX	(IF YES, GIVE WA	AR OR DATES)	166 SOCIAL SECURITY	NO.	17 INFORMANT		ADDI	RESS		
	YE		1943-1		473-16-1179 ar (a), (b), and (c).)	9	SANOK HOE	GLUND/W	IFE/SA	ME AS 1	3 APPROXIMATE INT	
		gove rise couse (o) sta lying couse li		(b) DUE TO, OR A	AS A CONSEQUENCE O	F						
	Z	PART 2 OTHER SIGNIF	1/	NTRIRUTING TO DEATH RU	JT NOT RELATED TO THE TERMIN	IAL OISEASE	OR CONDITION GIVEN IN PAR	Tlie				- 245
2	CERTIFICATION	190. DATE OF OP	ERATION N	196 CONDITIO	ON FOR WHICH OPERA	TION W	AS PERFORMED?				20 AUTOPSY?	40.53
3	CAL	21a. EXTERNAL C UNDERLYING CONTRIBUTING	OR CAUSE OF DE	ATH P.M.	MONTH DAY YEAR		W INJURY OCCURRED) LENTER NATURE	OF INJURY IN ITE	M 18 PART 1 OR PAR	12)	
	MED		OT WHILE TWORK		F INJURY (AT HOME, DRY, FARM, ETC.)		CATION	CITY	OR TOWN	COU	NTY	STATE
	Y.	220. I certify the		F.	ribed obave, held an	Autops	y , Inspection	Undetermine	ed monner	ond in my opi	กเดก	
1		ACTUAL SIGNATUR	29	2.11	ager,	M.	D. Deeps	MEDICAL I	EXAMINER	DATE	y 124	17

230. BURIAL CREMATION, REMOVAL 236 DATE BURIAL

T- STATE

REGISTRAR

JOHN S. ROGERS, M.D.

23c. NAME OF CEMETERY OR CREMATORY

ADDRESS1919

NATIONAL

23d LOCATION

SEMINARY ROAD SILVER SPRING, MD.

SEPT28,1987 ARLINGTON 24 FUNERAL DIRECTOR FRANCIS J. COLLINS, JR.

CEM ARLINGTON

VIRGINIA

500 UNIVERSITY BLVD. W SILVER SPRING, MD 20901

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

26850

P	F	G.	N	0

								REG. NO					
		OR PRINTS	FIRST	/	MIDDLE		AST	20. DATE OF DEATH	AONTH E	AY 1	YEAR	76 HOUR	_
	1	OA TAIREI)	John		Reid		Hoffler	Sept. 9, 1	987			5:00	a
	3. SEX		-	1. RACE		5 DATE C	OF BIRTH	6 AGE IN YEARS LAST BIRTH		IF UNDER		IF UNDER 24 HRS	
		Male		Black		Marc	h 21°, 1934 AR	53	YRS.	KON1H5	DAYS	HOURS MIN	
)	9	North Car	olina	U.S. A	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY OF Montgon		OF DEA	TH	M	ND.
1	Ga	ithersbur	g	20631	HOSPITAL, NURSIN BFACILITY, GIVE STREET MITACLE D	ADDRESS)	DR OTHER INSTITUTION	Electrical of Electrical of Engineer	N WORKING LIFE	DVS	tem	avallese is mand	1
	13a S	AL RESIDENCE (# NI TATE Laryland	13b COUN		Give RESIDENCE BEFORE 13c CITY OR TOWN Gaithers	N	13d. INSIDE CITY LIMITS?	136 STREET ADDRESS / 20631 Miracl	ZIP CODE e Dri	-			
H	-	THER'S NAME	1110111	gomery	Caronors	~ als	15 MOTHER'S MAIDEN NA		0. 271		200		_
3		Charles		MIDDLE	HoffTer		Patty	MIDDLE	•	Woo	d LAST		
	16a W	YAS DECEASED EVI ES NO OR UNKNOWN) Yes	Kore	MED FORCES?	239-44-5		Mildred T. Ho	offler (wife) s		s13	e		
1		18 CAUSE OF DE	ATH (Enter on	ly one couse per	line for (a), (b), and	die:				BE	APPROXIM	NATE INTERVAL	=
ı		PART I. DEATH	WAS CAUSE	Ď BY. E CAUSE (o)	Renal		vilure					aths	
J		N 1 1 1			R AS A CONSEQUE		A 15 STO 17		300		4.0		
		Conditions, if a		(b)	Prost	esti	c Cane	2-		4	14.	-5	
		gove rise to it cause (a), sto underlying cau	ting the	DUE TO, OF	R AS A CONSEQUE	NCE OF							
	NO	PART 2 OTHER SH	GNIFICANT (CONDITIONS CC	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIVE	N IN P	ART Ico		=
	CERTIFICATION	19a DATE OF OPER	RATION	19h CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES □ NO[X	70b IF YES, IN CERTIFY YES	YING C		GS USED OF DEATH?	
7		71a ACCIDENT WAS U	CAUSE OF DEA		M. MONTH DA	Y YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18 PA	ARI 1 OR P	ART 2)		_
	WEDICAL	21d INJURY OCCU		21e PLACE	OF INJURY		211 LOCATION						_
	¥	WHILE NOT AT WORK	WHILE	(AT HOME, STR	EET, FACTORY, OFFICE FA	ARM, ETC)	STREET	CITY OR TOW	N	COU	NIY	STATE	
		22a I certify that sow the dece above, (1) (we	ased alive on	tal) attended the	8 19 %	79	nd that in (my) (our) opinion of	death occurred on the dat	e and hour	ond Iro		hot (II (we) lo ouses stated	st
		176. SIGNATURE	rak	200	Ly	, m		MEDICAL STAFF			DATE /	87	
/		Day	ماط	L. F	rye	mD		y Grove Road Maryland 20	#105 850				
	(1	URIAL, CREMATION SPEC#YI Burial		9/12/8	37 Gat	te of H	emetery or crematory leaven Cemeter	ry Silver	Spring	r could	ary	land	
	24 FU	INERAL DIRECTO	yson W	heeler F	uneral.Ho	me.	Inc. As DAT	E REC'D. BY REGISTRAR 2	Sb. REGISTE	RAR'S SI	GNAT	JRE	
		1331 Roc	kville :	Pike, Roc	kville, Mo	1.208	SEP	4 4 1987 /	ia Du	idios	Par	Mi	
								- 0					

DHMH - 16 60M 7/84 (VRA 15, 4)

should be detoched for use os the buriol-tronsit permit. Then please ret with the State Dept. of Health and Mental Hygiene prior to burial, crem

IMPORTANT: If them 21 is morked or them 18 sho

TO FUNERAL DIRECTOR: After this certificate has been

injury, or other troumo

MARK SHOULD WINGS THE THREE ovindels in thing in the desired and and and selling the second how the little to a The state of the s Text scattle His, scattle, scattle, scattle, scattle, scattle

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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טבו בף								REG. N				
	DECEASED NAME	FIRST	N	AIDDLE	t.	AST	20	DATE OF DEATH	MONTH	DAY YE	AR	26 HOL
	TYPE OR PRINT)	Irene	G111e	espie	Hol	lis	243	Sept. 22	, 198	7		
3	SEX		4 RACE		5. DATE C			GE (IN YEARS LAST B	RTHDAY)	IF UNDER 1		IF UNDER
T.	Female		White		Dec	. 18, 1896		90	YRS	MON1HU D	A15	HOURS
107/10	BIRTHPLACE (STA	TE OR FOREIGN	76. CITIZEN OF V	WHAT COUNTRY	? 8	NEVER MARRIED	9 B	ALTIMORE CITY	OR COUN	TY OF DEAT	Н	217
COL	Pennsylva	nia	USA		WIDOWE		2.6	ontgomer	y Cou	nty		
#/	Gaithers b		(IF NOT IN SUCH	H FACILITY, GIVE STREE	T ADDRESS)	sing Home		USUAL OCCUPAT DE OF WORK FOR MOST OMEMAKET		IZE KIN INDUS OWII	ID OI	ome
36	SUAL RESIDENCE (30 STATE	136 COU	other institution outy gomery	Gaithe		136 INSIDE CITY LIMIT	S? 13e 2	STREET ADDRESS	/ ZIP CO	DE e. 2	08	77
1 / 11	FATHER'S NAME		MIDDLE	ŁAST		15 MOTHER'S MAIDEN	NNAME	MIDDLE		TILO I	LAST	
30	Samue1			Gillesp:	ie	Laura				Str	at	ton
0 1 16	WAS DECEASED		MED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORMANT		ADDR	RESS			
ne L	No	(11 123 0.	The order	None		Thomas W.	Hol1	is, Jr	518 S	t.Fran	ci	s Rd
nt, th	18 CAUSE OF I	DEATH (Enter of TH WAS CAUSE	nly one couse per l	line for 101, (b), o	- clio	Re 5/2	1	tor C	7-1-0	BETW	EEN O	NSET AND
traumatic e	Conditions, if	immediate	(b)		rond	ery a	~7	evra S	1/41	rosis	r	
y, or other troum	gave rise to cause (a), underlying	immediate stating the cause last	DUE TO, OR	AS A CONSEOU	JENCE OF	NOT RELATED TO THE	TERMINAL	DISEASE OR COM	NDITION G	GIVEN IN PAR		
ene prior ta building of a down and a down and a down and a down and a down a d	gave rise to cause (a), underlying	immediate stating the cause last	DUE TO, OR	AS A CONSEOU	JENCE OF		TERMINAL		20b IF Y		VDIN	GS USE
Hygiene prior to build. 8 stows any injury, or other traum	gave rise to couse (a), underlying PART 2 OTHER 19a DATE OF O	immediate stating the couse last SIGNIFICANT (PERATION AS UNDERLYING C CAUSE OF DE 14 MEDICAL EXAMINE)	DUE TO, OR [c) [ONDITIONS CO [19b CONDITIONS AND HOUR A.A.	AS A CONSEQUENT FINIURY M. MONTH E	DEATH BUT	NOT RELATED TO THE N WAS PERFORMED 21c HOW INJURY OC	TERMINAL 2	DISEASE OR COM	20b IF Y	GIVEN IN PAR YES, WERE FII TIFYING CAL YES []	VDIN JSES	GS USE OF DEA
Hygiene prior to build. 8 stows any injury, or other traum	PART 2 OTHER 19a DATE OF O 21a, ACCIDENT W OR CONTRIBUTION OR CONTRIBUTION (IF EITHER NOTH) 21d INJURY OC	immediate stating the couse last SIGNIFICANT (PERATION AS UNDERLYING C CAUSE OF DE 14 MEDICAL EXAMINE)	DUE TO. OR (c) 19b CONDITIONS CO 19b CONDITIONS A.A. 21b TIME OF HOUR A.A. 21c PLACE C	AS A CONSEQUENTRIBUTING TO	DEATH BUT H OPERATION DAY YEAR 19	NOT RELATED TO THE	TERMINAL 2	DISEASE OR COM	20b IF Y IN CER'	GIVEN IN PAR YES, WERE FII TIFYING CAL YES []	VDIN JSES (GS USE OF DEA
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Dept of Health and Mental Hygiene prior to build them 21 is marked or frem 48 stores any injury, ar ather traum	PART 2 OTHER 19a DATE OF O 21a, ACCIDENT W OR CONTRIBUTION (IF EITHER NOTH 21d INJURY OC WHILE AT WORK 22a.1 certify th sow the dobove, all obove, all	immediate stating the couse last in the couse last in the couse last in the couse of the couse o	DUE TO, OR [c] 19b CONDITIONS CO 19b CONDITIONS ATH HOUR A.A P.A 21e PLACE C (AT HOME STRE	R AS A CONSEQUENT FINIURY A. MONTH E A. DE INJURY SET FACTORY OFFICE. C deceased from. 19	DEATH BUT H OPERATION DAY YEAR 19 JEARM ETC.)	NOT RELATED TO THE N WAS PERFORMED 21t HOW INJURY OC 21t LOCATION 51REET 19 2d that in (my) (014) opi	TERMINAL 2 CCURRED inion death	DISEASE OR CON On AUTOPSY? ES NO (CONTRACTOR IN) CONTRACTOR TO (CONTRACTOR IN) OCCUPTED ON THE CONTRACTOR IN)	206 IF Y IN CER.	COUNT	VDIN USES	GS USE OF DEA NO [
Dept of Health and Mental Hygiene prior to build them 21 is marked or frem 48 stores any injury, ar ather traum	PART 2 OTHER PART 2 OTHER 19a DATE OF O 21a, ACCIDENT W OR CONTRIBUTING (IF EITHER NOTIF AT WORK 27a. I certify th sow the di obove, IMP 22b. SIGNATUR	immediate stating the couse last in the couse last in the couse last in the couse of the couse o	DUE TO, OR [c] CONDITIONS CO 19b CONDITIONS 21b. TIME OF HOUR A.A. P.A. 21e PLACE (AT HOME STREE) (at HOME STREE) (b) (at HOME STREE) (b) (c) (c) (c) (c) (c) (c) (c	P AS A CONSEQUENT OF THE PROPERTY OF THE PROPE	DEATH BUT H OPERATION DAY YEAR 19 FARM ETC.	NOT RELATED TO THE N WAS PERFORMED 21t HOW INJURY OC 21t LOCATION 51REET 19 d that in (my) (our) op) DEGREE ATTENDIN PHYSICIA 27e ADDRESS 10004 W1	COURRED	DISEASE OR CON OR AUTOPSY? ES NO CITY OR TO OCCUFFED ON the CEDICAL STA ECTOR PHYSI	206 IF Y IN CER' OWN 200 IF Y AFF CLAN	GIVEN IN PAR VES, WERE FII TIFYING CAL YES 8 PART I OR PAR COUNT 19 25 DUI and from	NDIN JSES	GS USE OF DEA NO [
with the State Dept of Health and Mental Hygiene prior to Build MORTANT. If them 21 is marked on them 28 shows any injury, or other traum	PART 2 OTHER PART 2 OTHER 19a DATE OF O 21a, ACCIDENT W OR CONTRIBUTING (IF EITHER NOTIF AT WORK 27a. I certify th sow the di obove, IMP 22b. SIGNATUR	immediate stating the couse lost SIGNIFICANT (PERATION AS UNDERLYING CAUSE OF DE YMEDICAL EXAMINE) CURRED OOT WHILE AI WORK OI (I) (this hasp excessed alive or we) (did) Law re E LE LAW CITY OF THE COURT	DUE TO, OR [c] CONDITIONS CO 19b CONDITIONS 21b TIME OF HOUR A.A. P.A. 21e PLACE (AT HOME STREE) View the body of the bo	P AS A CONSEQUENT FINJURY M. MONTH D FINJURY A. MONTH D OF INJURY Executed from the deceased from	DEATH BUT H OPERATION DAY YEAR 19 PARM ETC)	NOT RELATED TO THE N WAS PERFORMED 21t HOW INJURY OC 21t LOCATION STREET 19 2d that in (my) (outlop) DEGREE ATTENDIN PHYSICIA 27e ADDRESS	COURRED	DISEASE OR CON OR AUTOPSY? ES NO CITY OR TO OCCUFFED ON the CEDICAL STA ECTOR PHYSI	206 IF Y IN CER' OWN 200 IF Y AFF CLAN	GIVEN IN PAR VES, WERE FII TIFYING CAL YES 8 PART I OR PAR COUNT 19 25 DUI and from	NDIN JSES	GS USE OF DEA NO [

A W got salars to too ...! 10001

water and the state of the stat

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

13 OKEGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
1. DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
Stell	la Mae	HOLSTON	September 5	, 1987 7:35 P.M
3 SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
Female	White	June 16, 1908	79 YE	MONTHS DAYS HOURS MIN.
TO BIRTHPLACE STATE OF FOREIGN	76 CITIZEN OF WHAT COUN		9 BALTIMORE CITY OR COU	NTY OF DEATH
Virginia	USA	WIDOWEDE DIVORCED		ry County, MD.
O CITY OR TOWN OF DEATH		URSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUSINESS OR
Olney	Brooke Gro	ve Nursing Home	Housewife	G LIFE) INDUSTRY
USUAL RESIDENCE (IF NURSING HOME C	OR OTHER INSTITUTION, GIVE RESIDENCE	BEFORE ADMISSION)		
		ersburg YES NO D		Creamery Rd 20879
4 FATHER'S NAME	tgomery Gaith	15 MOTHER'S MAIDEN	INAME	creamery nu zoory
FIRST	MIDDLE LAS	11112)	MIDDLE	Talan gan
John M 60 WAS DECEASED EVER IN U.S. A		SECURITY NO. 17 INFORMANT		
(YES NO OR UNKNOWN) IF YES G	IVE WAR OR DATES)		24416 Weish	
No			is, Gaithersburg	
18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS	inly one cause per line for (a), (b), and (c).		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	ATE CAUSE (a) Can	eleve assist		- Sadde
PART 2 OTHER SIGNIFICANT Suite De 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	mentia;	G TO DEATH BUT NOT RELATED TO THE T	200 AUTOPSY? 206 IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?
210. ACCIDENT WAS UNDERLYING	7 216. TIME OF INJURY	21. HOW INHURY OCC	YES NO	YES NO
OR COLUMNIA COLUMNIA		DAY YEAR	CURRED (ENTER NATURE OF INJURY IN ITEM	18 PART OR PART 2)
(IF EITHER, NOTIFY MEDICAL EXAMINE		19		
CIF EITHER, NOTIFY MEDICAL EXAMINI 21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET FACTORY, O	PRICE, FARM ETC.) 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
WHILE NOT WHILE AT WORK				
220 I certify that (I) (this hosp	A: 1//		1 10 3 DEM	
	at) view the body often death	.19, and that in (my) (our) opin	nian death accurred an the date and	hour and fram the couses stated
De SIGNATURE Derle	E. Fill	DEGREE ATTENDIN PHYSICIAI		271 DATE SIGNED
DON 2 10 E	Dillor, M	D. 27e ADDRESS 24 0	Olmer San	dy Spring Rd
230 BURIAL, CREMATION, REMOVA	L 23b. DATE	231 NAME OF CEMETERY OR CREMATO	RY 23d LOCATION	
(SPECIFY) Burial	Sept.9, 1987	Laytonsville	CITY OR TOWN	, Montgomery Md.
24 FUNERAL DIRECTOR	1 2 - 0 7 - 1 - 1		DATE REC'D. BY REGISTRAR 256. REC	

Ölin L. Molesworth, P.A., Damascus, Md.

DHMH - 16 60M 7/B4

BP.

(VRA 15, 4)

should be detached for use with the State Dept. of Heal

IMPORTANT

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Tender of the Market of the Control

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	REGISTRAR				REG. NO	
27	EASED NAME FIRST	MIDDLE	ti a	AST	20 DATE OF DEATH	MONTH DAY YEAR 26, HOUR
-	11111		H	omer	A ACE ANAVEARE LACE BOTH	HOAVI IF UNDER I VEAR IF UNDER 24 HRS
3. SEX						MONTHS DATS HOURS MIN.
7a 81			? 8			R COUNTY OF DEATH
20	OUNTRY)	The second secon	MARRIE		00 1 -	^
		1. NAME OF HOSPITAL, NURS	ING HOME C		120 USUAL OCCUPATI	ON 126 KIND OF BUSINESS OF
5	TURE SARIOR	(IF NOT IN SUCH FACILITY GIVE STREET	ADDRESS	soital		
usuz	AL RESIDENCE HE NURSING HOME O	OR OTHER INSTITUTION GIVE RESIDENCE BEFO	RE ADMISSIONI	THE CITY HANTES		(05770)
				YES NO		wood Terrace, #301
					AME	IAST
1	Yehudah	1,000	d			Brooks
	VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SEC		17 INFORMANT	#301 ^{ADDR}	Teenbelt, Md. 2077
- Land			9898	Julius Home		Cherrywood Terrace,
	18 CAUSE OF DEATH (Enter o	only one cause por the forgot, (b) a	ind ici	1 1 A.		BETWEEN ONSET AND DEATH
		ATE CALISE (a) JAMELL ON	restine	e difference		
		DUE TO CONSECU	IEACE OR	1 1		
	Conditions, if any, which	Wwws	wide	Vascular	usene_	
	gave rise to immediate				1.00	
	underlying cause last	DUE TO, OR AS A CONSECU	SENCE OF			
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PART 110
N N				100		
13	90 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
J∄				Face Library	YES NO	YES NO
8			DAY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJU	EY IN ITEM TO PART I OR PART 2)
13			19	1-3 /4		
100	21d. INJURY OCCURRED	21e PLACE OF INJURY	FARM FIC)	211 LOCATION STREET	CITY OF TO	WN COUNTY STATE
12	AT WORK		.1.	1	ole	27 a
1	236 Costrify the (1) this hour	gital) straided the deceased from	04/5	19.00), 10	19_0 , the (1)(we) la
	De Condo	not view the Yody after death	8/	nd that i (our) opinio	n death accurred on the d	ate and hour and fram the causes stated
10	XF FF ME JULY	. / /		ATTENDED TO THE REAL PROPERTY.	1	271 DATE SIGNED
	1 my of a	47		PHYSICIAN	DIRECTOR THHYSIC	IAND 9/248/
1	274 HYAICIAN'S NAME LITTE	offeren Di	110	MANUEL CO	1	CV C1 -1V
	INVARK	H. 9/01	W)	101 8	o gra/ The	alus Jonny 1 48
73a.		236 DATE 28	NAME OF	EMETERY OF SHAME	THE LOCATION	100 June
I				121010110000100	1	ASSESSED TO THE PARTY OF THE PA
						256 REGISTRAR'S SIGNATURE
11	70 Rockville P	ike; Rockville.	Md. 20	852 SF	P 25 1987	Julia Davidson Randallo
	70 BIR R. SUA 30 S Maa 19 FA N N N N N N N N N N N N N N N N N N	FERRITOR PRINTIPE AND PRINTIPE	TO BIRTHPLACE (STATE OR FOREIGN A RACE FENCE	TO BIRTHPLACE (STATE OR FOREIGN AND THE COUNTRY) TO BIRTHPLACE (STATE OR FOREIGN AND THE COUNTRY) RUSSIA U.S.A. WIDOWE LITY OR TOWN OF DEATH WISHING SHORE OF HOSPITAL, NURSING HOME OF COUNTRY AND THE CITY OR TOWN OF DEATH WISHING WAS STATE WISHING WAS SHORED OR THE MUSING HOME OF THE RESTRUCTOR FACILITY, GIVE RESIDENCE THE FORE ADMISSION AND THE COUNTY Maryland Prince Geoges Greenbelt We hudah Kurland Ito WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO OR UNKNOWN) WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO OR UNKNOWN) WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO OR UNKNOWN) WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO OR UNKNOWN) WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO OR UNKNOWN) WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO OR UNKNOWN) WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO OR UNKNOWN) WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO OR UNKNOWN) WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO OR UNKNOWN) WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO OR UNKNOWN) WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO OR UNKNOWN) WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO OR UNKNOWN) WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO OR UNKNOWN) WAS DECEASED EVER IN U.S. ARMED FORCES? WE THAN UND OR CONTRIBUTION DUE TO, OR AS A CONSEQUENCE OF JOHN OR CONTRIBUTING OF THE MUSIC OF THE WILL OF THE WAS UNDERLYING OF THE WORLD OF THE WORL	CEASED NAME	TEASED NAME ARCE

DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

RECORIRAR		CERTIFICATE OF DEATH	REG. NO	
DECEASED NAME FIR	7	I AST	20 DATE OF DEATH MONTH	PAY YEAR 26 HOUR
	mes D.	Hopkins	7	7-8/ 1235 PM
3 SEX	4 RACE	S DATE OF BIRTH	AGE (IN YEARS LAST BIRTHDAY)	FUNDER 1 YEAR FUNDER 24 HRS
MALE	NEGRO	11 30 22	TR3	
70 BIRTHPLACE (STATE OR FOREK	76 CITIZEN OF WHAT COUN	TRY?	BALTIMORE CITY OR COUNTY	OF DEATH
md.	UNITED STAT	WIDOWED DIVORCED	D MONTGOMES	ny mo
TO CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE S	PRSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION [TYPE OF WORK FOR MOST OF WORKING LIFE	126 KIND OF BUSINESS OR
KOEKVILLE		ove adventist Hospil	THEFIC COACH	A TEACHER
	OME OR OTHER INSTITUTION GIVE RESIDENCE IN 13c. CUTY OR		13. STREET ADDRESS / ZIP CODE	CE LANE 208
A FATHER'S NAME		15 MOTHER'S MAIDEN		
Char	les Hopki	75 FIRST/	nnie Hadis	ON LAST
160 WAS DECEASED EVER IN U		0-3096 Gloria T.	Hopkins (wife):	same as
	nter only ane cause per line far (a), (b	o, and ice	/	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS O	CARDIO CARDIO	PULMONAPY APPA	0687	IMMED.
Literature Marie	DUE TO, OR AS-A CONS	EQUENCE OF		
Canditians, if any, wh		10 ENIA		4 6845
gave rise to immedicause (a), stating underlying cause (c		EQUENCE OF LEFT ARK	/	5 DAYS
PART 2 OTHER SIGNIFIC	ANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE T	1	EN IN PART IIO
& ACUTE	RENAL PAILUR	E DISSEMINATED		OAGULATION
HOUTE 190 DATE OF OPERATION NONE 210. ACCIDENT WAS UNDERLY	196 CONDITION FOR W	HICH OPERATION WAS PERFORMED	IN CERTIF	, WERE FINDINGS USED YING CAUSES OF DEATH? S \(\text{NO} \)
	UOUS A 14 14001711		CURRED (ENTER NATURE OF INJURY IN ITEM TB P	ART I OR PART 2)
OR CONTRIBUTING CAUSE	OFDEATH	19		
(IF EITHER NOTIFY MEDICAL EX	21e PLACE OF INJURY	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
WHILE NOT WHILE]	Comments of the second of the		
220 I certify that (I) (shu	to princip attended the decease in	am	10 Del Tisusell	19 that {II the last
saw the deceased a abave, (ive an SPACUBLE T	19, and that in (my) (nian death accurred on the date and hou	and from the causes stated
226 SIGNATURE	0.1	DEGREE	G . MEDICAL STAFF	221 DATE SIGNED
seog	cooler		N DOIRECTOR PHYSICIAN	7/5/8/
224 PHYSICIANS MIME	(22e ADDRESS	MARCINED Xanie	PARVILE WA
GEORGE	- SOLEN	9/11 ME016	CALCENTER DAVE,	12085
230 BURIAL CREMATION REM	OVAL 23b. DATE	231 NAME OF CEMETERY OR CREMATO	RY 23d LOCATION	

24 FUNERAL DIRECTOR

Geörge R. Snowden

9-10-87

Burial

RockWille, MD 208505LP 1 4 1987

An asset was a real and a supplied to a second of the same of

The first Name of the Control of the

Andrew Commission of the Commi

page to the contract of the

the funeral director, page 3 d within 72 hours after death death. Page 4 executed within 24 hours often DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 requires that the death certificate TO FUNERAL DIRECTOR: After this certificate has been signed by the other should be detached for use as the burial-transit permit. Then please remove with the State Dept. of Health and Mental Hygiene prior to burial, cremation TO HOSPITAL OR ATTENDING PHYSICIAN. The low retained by the hospital or attending physician.

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

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SEP

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGTENE CERTIFICATE OF DEATH

6

5

P. R	EGISTRAR				CENTINE	CAILOID	LATI		REG. NO.				
	ASED NAME	FIRST	A	AIDDLE	LA	T.		20 DATE OF	DEATH MON	TH DAY	YEAR	26 HOUR	
(TYPE OR	PRINT)	HAZEL		M	HO	WARD			Sept	11	1987	4:45 p	
3 SEX		4.	RACE		5. DATE OF	BIRTH		6. AGE (IN YEA	ARS LAST BIRTHDAY	IF UND	DER I YEAR	IF UNDER 74 HRS	
	FEMALE		CAUCAS	IAN	MONTH	30	YEAR 30	56		YRS	DATS	HOURS MIN	
	HPLACE (STATE OR	FOREIGN 76	CITIZEN OF V	WHAT COUNTRY?	8	C NEVER !		9. BALTIMOR	E CITY OR CO	OUNTY OF D	EATH		
	rvland			States	WIDOWED	the same of the sa	ORCED [Monte	SOMERY	Coun	14		
10 CITY	OR TOWN OF DE	ATH 11		HOSPITAL, NURSING		OTHER INST	ITUTION	12a USUAL O	CCUPATION OR MOST OF WOR			F BUSINESS O	
	THESDA		Subur	RBAN HO	DSPITA	<u>L</u>		Homen			wn He	ome	
130 STA	TE	136 COUNTY	1	GIVE RESIDENCE BEFORE	1	3d INSIDE CI		13e.STREET AL	DDRESS / ZIP	CODE			
	yland	Monteg	omery	Rockvil		YES 🔀	NO 🗌	12 Br	adley	Court	208	51	
14 FATH	ER'S NAME FIRST	MID	DOLE	t AST			MAIDEN NA	WE	MIDDLE		LAST		
C	harles		J	Merry		Avo			ae	Cor	nklin	1	
	S DECEASED EVER	IN U.S. ARME		166 SOCIAL SECUI	RITY NO.	17 INFORMAL	NI Hust	and	ADDRESS	12 Bra	idlev	Court	
N		, ,, , , , , , , , , , , , , ,	J. J. J. J. J. J. J. J. J. J. J. J. J. J	220-26-6	6647	Willia	am E. H	loward	Rockv	ille,	MD.	20851	
18	CAUSE OF DEAT	H (Enter anly)	one couse per	line far (a), (b), and								MATE INTERVAL	
	PART I. DEATH V	VAS CAUSED E	BY	Romanchoo		(2)	rcinor	10				The latest of th	
		IMMEDIATE	CAUSE (a)	016100	10110	CC	CIVIOI	10	_				
			DUE TO, OF	AS A CONSEQUE	NCE OF								
	Conditions, if ony, which (b)												
9	gave rise to immediate												
	ouse (o), stota		DUE TO, OF	R AS A CONSEQUE	NCE OF								
-	underlying couse last (c)												
P.	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN												
O	SOUTH OF THE PERMITTER												
CERTIFICATION	DATE OF OPERA	TION	196 CONDI	TION FOR WHICH	OPERATION	WAS PERFO	RMED	20a AUTOP		IF YES, WER			
문								VECTO	NON	CERTIFYING YES	CAUSES		
E -	a. ACCIDENT WAS UN	DERLYING	21b. TIME O	F INTUDY	21r HOW IN JURY OCCUPR			YES NO YES NO RED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART ?)					
0	R CONTRIBUTING			M. MONTH DA	Y YEAR	210.110 W 814.	JOK! OCCORP	IED TENTER NATU	INE OF INJUNT IN II	EW IR LAKI I O	RPART ZI		
	(IF EITHER NOTIFY MED		P./	м.	19								
21	d INJURY OCCUR	RED	21e PLACE C			211 LOCATIO	N		CITY OR TOWN		OUNTY	STATE	
	WHILE NOT WE	HILE	(AT HOME STR	EET, FACTORY, OFFICE FA	ARM EIC)	JINEEL			Ç Q. 10			3.516	
-	a. I certify that (1)	(this hospital	Lottended the	deceased from	Feb.	10	19 81	ser	ot. II	19. 8	37	hat (I) (we) la	
	saw the deceas	ed alive on	Sept 1	1, 19	0.7	that in (my)	,	death accurred					
	dbdve, (II (we) I	did) (did nat)	view the bady	after death.	, 0110		(oc.) opinion (accorred	an me date of				
22	b. SIGNATURE	.,	11		D	EGREE					20 DAJES	SIGNED	
10.10	MELDI	· M.	Jolson	M.D.	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 9/12/87								
22	22d. PHYSICIAN'S NAME (TYPE OR PRINT)					122e ADDRESS							
	Heidi	Jols	on M	.D		9800	Falls	Road	Pa	tomas	c /	10	
23a BUR	HAL, CREMATION,	REMOVAL	23b. DATE C	Sept. 23c N	IAME OF CE	METERY OR C	REMATORY	23d LOCAT					
(SPE	CIFY)		15, 19	Jehr.				Pools	RTOWN	Monto	NIY	STATE	
24 FLINI	Burial	D = h = t-			I NIAWI	Hemol		rk Rock					
				nphrey Fu			OCO	1 E AND	3 ALC:	EGISTRAR'S	SHANAIL	402	
			00 W.Mc	ontgomery	Ave.	Rockvi	110Er	10 148	6 Juna	hen/son			
	yland 20												

SEP 1 5 1987 J. W. With Burn

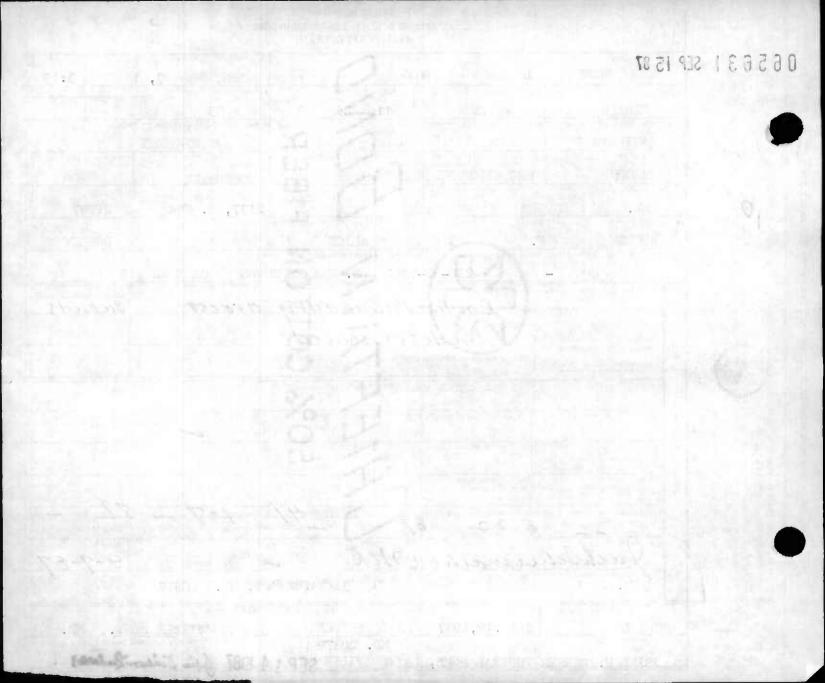
(VRA 15, 4)

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FOR - STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

631	SEF	DI	ROSE	FIRST	L	MIDDLE		AST	20 DATE OF DEATH	ONTH	DAY YEAR	26 HOUR A	
o o o		3. SEX	RODE	Ta.	RACE	HOW	5. DATE C	AC RIDTU	SEPTEMBER	9,	1987	3:15 M	
offe		, JEA	TTDMATT				MONTH	DAY YEAR		DATI	MUNITE DATS	HOURS MIN	
11 >	9	o BIR	THPLACE (STATE OR FOR	EIGN A 7h	WHI	WHAT COUNTRY?	11	25 93	9. BALTIMORE CITY OR	YRS	V OF DEATH		
100	1		MARYLAND					NEVER MARRIED					
Li &	5	0 CIT	Y OR TOWN OF DEATH	1 11	US.		WIDOWE	DIX DIVORCED ROTHER INSTITUTION	MONTG		_	MD. PER BUSINESS OR	
1%	0	1	OLNEY		BROOKE	GROVE NU	JRSING		TYPE OF WORK FOR MOST OF HOMEMAKER		FEI INDUSTRY	OME	
13	3	130. S1	ATE MD.	HOWA	1	13c. CITY OR TOW WOODBIN	N	13d INSIDE CITY LIMITS?	136 STREET ADDRESS / 2137, RT. #9	ZIP CODE	217	97	
2	101	, FA1	HER'S NAME		DDLE			15 MOTHER'S MAIDEN NA	ME				
18	50	1	GEORGE	F		RAY		ALICE FIRST	MIDD1€		BOG	LEY	
0	4		AS DECEASED EVER IN			166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRES	5			
1	2	I A E	NO NO	IF YES GIVE W	VAR OR DATES)	220-32-	7300	G. WARREN H	IOWES SAME	E AS	#13		
, th		П	PART I. DEATH WAS	Enter only	one couse per	line for (o), (b), one	dicil				APPROXII BETWEEN C	MATE INTERVAL	
even			PART I. DEATH WAS	MEDIATE	CAUSE (0)	30x010-	Pul	mongry	arrest		Seco.	nds	
oric													
alon.		-1	Conditions, if any, which (b) Whatevilled										
1	2	10	gove rise to immediately couse to storing	the	DUE TO. O	R AS A CONSEQUE	NCE OF						
涯	13		underlying couse	lost	(10)_			San San San San San San San San San San					
7		,	PART 2 OTHER SIGNIF	ICANT CO	NDITIONS CO	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COND	TION GIV	EN IN PART 110		
10	1	ATION	90 DATE OF OPERATIO	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Tin cour	TION FOR WHICH		N WAS PERFORMED					
0 1.0	1	FIC/	78 DATE OF OPERATIO		198. COND	ITION FOR WHICH	OPERATION	N WAS PERFORMED		IN CERTIF	S, WERE FINDIN	OF DEATH?	
-		CERTIFIC	710. ACCIDENT WAS UNDER	LYING	21b. TIME O	FINJURY		21c. HOW INJURY OCCUR	YES NO		S	NO 🗌	
3	1	A	OR CONTRIBUTING CAU		HOUR A.	M. MONTH DA			(End Ex Joy of Or Holor)	ine tight is a	PART (OR PART 2)		
r He		9	LIF EITHER NOTIFY MEDICAL		P.		19	211 LOCATION					
edo		WE	WHILE NOT WHILE			PEET, FACTORY OFFICE F	ARM, ETC }	STREET	CITY OF TOW	4	COUNTY	STATE	
mork		1	220 1 certify that (I) (th	ur hornital	attended th	a deceased from		1047	0-7		07		
21 15			sow the deceased	olive on	P. 2	7_ 10.5	37 , on	d that in (my) journ opinion	deoth occurred on the dot	e and hou	or and from the	couses stated	
E		1	obove, (I) (worlded)	(did not)	new the body	ofter death.		DEGREE			22¢ DATE		
=			Vacle.	Jel.	1 1 111	ache		ATTENDING	MEDICAL STAFF		9-1	7-87	
N-	1	1	HYSICIAN'S NAM	E (TYPE OR PI	THIS			22e ADDRESS	DIRECTOR PHYSICIA	N	1	-01	
MPORT			DR. JACK	SCHU	MACHER			GAITHERSBU	JRG, MD. 20	377			
<u>₹</u> -	2	(5)	RIAL, CREMATION, REP	MOVAL	23b DATE		AME OF CE	METERY OR CREMATORY	23d LOCATION		COUNTY	STATE	
		B	URIAL		SEPT.1	2,1987	LAYTO	ONSVILLE	LAYTONSVI		MONT.	MD.	
OM 7/B	4 2	4 FUI	VERAL DIRECTOR			ADDRESS	MI	. 20019	E REC'D. BY REGISTRAR 2		- Things	URE	
5 41		34	IDITAL II DA	DDEE	THE PARTY OF		LAVMO	TOWTHE OF CA	A 1007 / 3	De 10	1 1.		



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DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	9 8	FOR STATE REGISTRAR	DEPAR		EALTH AND MENTAL	T HAGIENE /	REG. NO		4			
	{TYPE	ORPRINT) RICHAM		Hu	adson	20 DATE C	rue 30	1987	26 HOUR 9:30 PM			
	7a. BII	male	CAUC. CITIZEN OF WHAT COUNTR'	S' DATE C	DAY YEAR	- 12 BALTIM	O YEARS (AST BIRTHDAY) O YEARS (AST BIRTHDAY) YEARS (AST BIRTHDAY) YEARS (AST BIRTHDAY)		IF UNDER 24 HRS			
	I	NDIANA	USA	WIDOWE		o mo	NTGOM	ERY C	O. MD.			
	5	HUR Spring	Holy CROS	S HE	Sphal	(TYPE OF WO	L OCCUPATION DRK FOR MOST OF WORKIN STCTST	NG LIFE) INDUSTRY	SICS LAB.			
	1	Md. MONTGO	13c CITY OR TO	NW	134 INSIDE CITY LIMIT	1510	ADDRESS / ZIP C		DR. 20866			
		THER'S NAME FIRST UNKNOWN		CHRITYANO	15. MOTHER'S MAIDE	UNK	MIDDLE NOWN ADDRESS	LA	51			
-		VAS DECEASED EVER IN U.S. ARME VES. NO OR UNKNOWN) (IF YES GIVE W			AGNES HU	JDSON	,	AS ITEM	#13)			
		18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED BY IMMEDIATE Conditions, if only, which gave rise to immediate couse (o), stofing the underlying cause last.	BY: (1)	CHANCE OF	Agrest Lyelozen	rus Le	upenion	in	en de interval onset and peatr en de a de			
2	CERTIFICATION	PART 2 OTHER SIGNIFICANT COM	NDITIONS CONTRIBUTING TO			ZOG AU	TOPSY? 206. 1	FYES, WERE FINDS ERTIFYING CAUSES YES	INGS USED			
1	MEDICAL CERT	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF EITHER NOTIFY MEDICAL EXAMINER) 216. INJURY OCCURRED	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY	DAY YEAR 19	211 LOCATION							
	MEC	WHILE NOT WHILE AT WORK	(AT HOME STREET FACTORY OFFIC	E FARM, ETC)	STREET		NWO! NO YII)	COUNTY	STATE			
	n	270. I certify that (I) (this haspital) attended the deceased from 19 87, to 87 19 87 that (I) (we) last sow the deceased alive an above. (I) (we) (did) (did not) view the body after death. 270. SIGNATURE DEGREE 270. DATE SIGNED ATTENDING MEDICAL STAFF										
#			6. BARR M,	0.	22e ADDRESS 106 II	RVING	STN.U	J. WAS	h.D.C.			
		BURIAL, CREMATION, REMOVAL	0 0-	CHAMBE	RS CREMAT	0	ERDALE,	P.G.C.	STATE Md.			
	24. FU	UNERAL DIRECTOR W. W. CHAMBERS C	O. INC. SIL		20910 SING. Md. S		REGISTRAR 255 RE	GISTRAR'S SIGNA	NIRE COMMENTS			

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE OF MARYLAND CEPTIFICATE OF DEATH

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- 111	-

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		REGISTRAR				CL	KIIIIC	AIL OI DEA			REG. N	0.			
1 2 1 000	I DECEASED NAME FIRST			MIDDLE LAST				20 DATE OF	YEAR	26 HOUR					
1 Zale SEP	SEP 30 87 PRINT) WUN			K	I	Н	WANG		DY'			09	28	87	12:43DM
lom of a	3. SE	Х	4	RACE	2		ATE OF			AGE INY	EARS LAST BIR	THDAY		DER TYEAR	IF UNDER 24 HRS
offer p		male	Water.	Korea	n ()		HTMOM	7 0: 10	YEAR	77			MONIH	DAYS	HOURS MIN
Pog dire	70 B	IRTHPLACE (STATE ORF	OPEIGN 71	CITIZEN OF		TRY2 8		18 19		71 BALTIMO	RE CITY C	YRS OR COLIN		FATH	
The Paris	1	COUNTRY)	0			M	ARRIED	NEVER MAR	RIED -					EAIT.	
de de de		Korea		Korea			OWED		CED		ntgo	-			MD
in 19 /	10 C	ITY OR TOWN OF DEA	TH 1		HOSPITAL, NI CH FACILITY, GIVE			OTHER INSTITU	TION	17a USUAL (b. KIND O IDUSTRY	F BUSINESS OR
by the fi	TA	AKOMA PARK		MASHING		VENTI		OSPITAL		Retin				D O O T II.	
be be	USU	AL RESIDENCE (IF NURS	ING HOME OR O	THER INSTITUTION						Capera (. 710.00	0.5	1	XGXI
filled ould be	130	Md.	Mon Mon	Ľ.	S.S.	NWOT		YES A NO		13e.STREET				0	1701
F 74 19	14 F	ATHER'S NAME					_	S. MOTHER'S MA		108 Sc	huyle	er Ko	ad		
and 2		Komg	Kool	K H	lwang LAS	ī		FIR51			MIDDLE			Kim	1
es los	160 \	WAS DECEASED EVER			165 SOCIAL	SECURITY I	NO. 1	7. INFORMANT			ADDRI				
	I	YEANO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	216	02 4	143	Jing	Ki H	wang	(Wi	fe)S	Same		
等力系數字 7		18 CAUSE OF DEATH	H Enter only	one couse per	ine for joint	bi, and igi.	7	0	11					BETWEEN	MATE INTERVAL ONSET AND DEATH
4 質質 5		PARTI. DEATH W	IMMEDIATE		toute	rest	vat	on ta	1446	,					
4000				DUETO	RASA CONS	EOLIENIC	OF	80							
ve out	4	Conditions, if ony,	which	(Bavan	- 1		79							
o o unot	,	gove rise to imn	nediote) (0)								-0.14			
# # 5 9 9 5 7		underlying couse		DUE TO, O	R AS A CONS	SEQUENCE	OF								
the or o				(6)											
bury.	7	PART 2 OTHER SIGN	VIFICANT CO	NDITIONS CO	ONTRIBUTING	G TO DEATH	H BUT NO	OT RELATED TO	THE TERMIN	VAL DISEASI	E OR CON	DITION	SIVEN IN	PARI Ico	
The The	CERTIFICATION														
ow of many	5	190 DATE OF OPERAT	ION	196 COND	ITION FOR W	HICH OPER	MOITA	WASPERFORME	ED	20a AUTO	PSY?				OF DEATH?
ho ho	1 =									YES 🗌	NOI		YES		NO 🗌
Z Z O O T OO V	7 8	210. ACCIDENT WAS UND		216. TIME C				TIC HOW INJUR	Y OCCURRE	D (ENTERNA	TURE OF 1	RY IN 11EM 1	B PART 1 C	R PART 2)	
Ad The E	¥ E	OR CONTRIBUTING C		'	M. MONTH	DAT	19								
ding ding	MEDICAL	21d INJURY OCCURE		21e. PLACE		1	\rightarrow	III. LOCATION							
	ME		ILE 🗍		REET, FACTORY, O	FFICE, FARM, E		STREET			FIR DE TO	WHY	100	CHHIT	STATE
After il e os the olth one morked		AT WORK AT WOL	SK C	1			1.11			- 01	211	-			
S - S - S - S - S - S - S - S - S - S -		22s I certify that (1)	Control of the Control of the Control	i one ded th	e decreased t	rom_8	118		9	10-11	15/8	1	19_		that (I) (we) last
Propriet 2		obove_(ii (we)/	id alive an_	view the body	after death.	19	_, ond	that in (my) four) opinion de	oth occurre	d on the d	ote and h	our ond	liom the	causes stated
OR A be hos Dept.		27k SIGNATURE	1/5		-		DE	GREE						220 DATE	SIGNED
	1	1/h	6/1	1)				ATTE	NDING SICIAN	MEDICAL	STA			9/	> alan
ERA Stot	-	228. PHYSICIAN'S NA	ME TYPE OF	PINI				??e ADDRESS	SICIAN D	DIRECTOR	☐ PHTSK	JAN []		- 11	-0/8/
eroined by the TO FUNERAL Should be designed with the Stote MAPORTANT:		8M17	HH	a				7610	Car	roll	Ave	Tak	Tom	", PK	·my
5 € 5 € ₹ ₹ ▼	23a	BURIAL, CREMATION,	REMOVAL	236 DATE		23c NAME	OF CEA	AETERY OR CRE	MATORY	230 1OCA	TION				
BP		Burial		10/1/	/87	Geo	rge	Washi	ngtor	n Ad	e I ph	i	PC	ALL ALL	Md STATE
	24 F	LINERAL DIRECTOR		-					Tage DATE	REC'D. BY R			ISTRAR'S	SIGNAT	URE
DHMH - 16 60M 7/84	H	ines/Rina	aldi	11800	New AD	lamp.	Ave	.S.S,M	PEP!	2 0 10	97 /		Condes	-0	Jack.
(VRA 15, 4)									JUL .	0 0 10	UI SI	home of	I Parade	1.1	

STATE OF MARTLAN DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	REGISTRAR				EALTH AND MENTAL HÝG ICATE OF DEATH	REG. NO	268	359
(TYPE	CEASED NAME OR PRINTS	FIRST -	J	· Hy	150N	20 DATE OF DEATH	MONTH DAY	YEAR 26 HOUR
3. SE)	Jale.		Whi	TE DE		# 74	MONTHS	DATS HOURS A
VI	MINPLACE ISTATE OR P COUNTRY) IRGINIA		USA	WIDOWE		MONTGOME	RY	
SI	ILVER SPRIM	1G	HOLY	OSPITAL, NURSING HOME OF ACTUAL CROSS HOSPITAL		120 USUAL OCCUPATION OPERATING	ENG SE	KIND OF BUSINESS DUSTRY WAGE TREA
13a S MA	ARYLAND	136 COUNTY MONTGO	Υ	GIVE RESIDENCE BEFORE ADMISSION) 13(. CITY OR TOWN WHEATON	13d. INSIDE CITY LIMITS? YES NO	13e SIREET ADDRESS / 2203 HENDE	ZIP CODE ERSON AVE	ENTER NUE 20902
14. FA	WILBUR	AA IE	DDIE	HYNSON	SULA	WIDDLE		YEÄTMAN
11	WAS DECEASED EVER VES NO OR UNKNOWN) YES		ED FORCES? -1945	577-05-4336	MARY R. HYN	ADDRE SON/WIFE/SAN		
	gave rise to imr	41 .	1					
NTION		last NIFICANT CO	ONDITIONS CO	R AS A CONSEQUENCE OF		NINAL DISEASE OR CON	1 10	
IFICATION	underlying cause	last NIFICANT CO	ONDITIONS CO			NINAL DISEASE OR CONI	DITION GIVEN IN 20b. IF YE'S, WERI	E FINDINGS USED CAUSES OF DEATH?
CAL CERTIFICATION	underlying cause	NIFICANT CO	19b. CONDI	ONTRIBUTING TO DEATH BUT		700 AUTOPSY? YES NO	20b. IF YES, WERI	E FINDINGS USED CAUSES OF DEATH? NO
MEDICAL CERTIFICATION	PART 2 OTHER SIGN 190 DATE OF OPERA 210, ACCIDENT WAS UNION CONTRIBUTING 18 ETHER NOTIFY MEDI 21d IN JURY OCCUR	INTERCENT CO	ONDITIONS CO	DNTRIBUTING TO DEATH BUT ITION FOR WHICH OPERATIO IF INJURY M. MONTH DAY YEAR M. 19	n was performed	700 AUTOPSY? YES NO	206. IF YES, WERI IN CERTIFYING YES 7	E FINDINGS USED CAUSES OF DEATH? NO
	UNDERLYING COUSE PART 2 OTHER SIGN 198. DATE OF OPERA 218. ACCIDENT WAS UNI OR CONTRIBUTING 1 218 INTUTO CCUR. WHILE NOT W.	INTERPRETATION DERIVING CAUSE OF DEATH CALEXAMINER) RED THE CALEXAMINER) RED THE CALEXAMINER) RED THE CALEXAMINER)	19b. CONDITIONS CONDIT	ONTRIBUTING TO DEATH BUT ITION FOR WHICH OPERATIO IF INJURY M. MONTH DAY YEAR M. 19 OF INJURY REEL FACTORY OFFICE FARM. ETC.) C deceased from ofter death	N WAS PERFORMED 21c HOW INJURY OCCUR	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUIT CITY OR TO death occurred on the de	206. IF YES, WERING OYES ON THE MENT OF TH	E FINDINGS USED CAUSES OF DEATH? NO

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

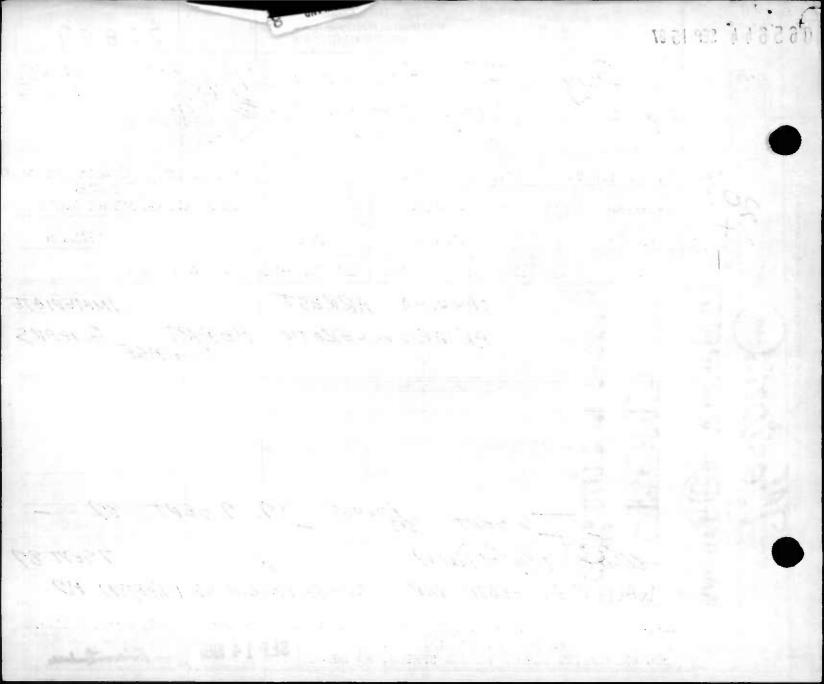
BURIAL

24 FUNERAL DIRECTOR

SEPT11,1987 | PARKLAWN CEMETERY

ROCKVILLE MONTGOMERY MARYLAND 4 1987 Aura Dandon Robert

FUNERAL DIRECTOR FRANCIS J. COLLINS, JR.
500 UNIVERSITY BLVD W SILVER SPRING, MD 20901



		1	FOR	D	STA EPARTMENT OF	TE OF MARYLA		2 6	3 0	J
			STATE					ATL		
			REGISTRAR FASED NIAME FIRST	WED	ICAL EXAMIN	NEK 5 CEKTIF	ICATE OF DE	ATH REG.		
67	480 OCT -	21	PRINT)		1 /	1A51		OF ESTI- DEATH MATED	MONTH DAT	YEAR 26 HOUR
01	148年5日		KATHAKI		ELEN !	ISAACS	ON	DEATH MATED	· 7 27	W
	#5=95	1,5E)	~	5 DATE OF BIRTH	YEAR LAST BIRTHE		HOURS MIN	PRONOUNCED	MONTH DA	YEAR 24 HOUR
	8.75 g g g	1	Lave GAVE	3 19	10	RS.	MIN MIN	DEAD	0927	1987 1753 M
-	25 - 12/-		RTHPLACE (STATE OR REIGN COUNTRY)	76 CITIZEN OF WHA	AT COUNTRY?	8. MARRIED IN	EVER MARRIED	BALTIMORE CITY	OR COUNTY OF	FDEATH
	BASS SA		ash.,D.C.	U.S.A		WIDOWED -	DIVORCED [MONTE	OMBR	MD
	SHARES T	10. CI	TY OR TOWN OF DEATH		TAL, NURSING HOM	E, OR OTHER INSTIT	UTION 126 U	SUAL OCCUPATION I	TYPE OF WORK 12b	KND OF BUSINESS
II.	ACETY C	12	TO MAC	(IF NOT IN SUCH FACE	LITY, GIVE STREET ADDRESS)		FC	STU DEW	-	ÖR INDUSTRY
UT)	SE SEE	110/1	L RESIDENCE (IF IN NURSING HOME		RESIDENCE BEFORE ADMISS				(00001)	
9	39258	13e. 5			13E CITY OR TOWN	13d INSIDE		TREET ADDRESS	(20854)	10.11
	HANDER -	-	THER'S NAME	160 METCY	1010 M/		HER'S MAIDEN NAM	14 Tim Bo	R HILL	- LIND
	E-225	1	FIRST	MIDDLE	LAST		FIRST	WIDDLE		LAST
30	200		DANIEL		ISAACSON		IVIENNE		S	CHEIN
	東京の記る	(Y		WAR OR DATES)	166. SOCIAL SECURIT			Lane	, Potoma	c, Md.2085
	A SET SE		NO		216-92-62	294 Dr.	Daniel Is	saacson; Fat	her;8504	Timber Hil
	29370	-	IN CAUSE OF DEATH (Enter or PART I DEATH WAS CAUSE	nly one cause per line for	or (o), (b), and (c).)				BF	APPROXIMATE IN ERVAL
	A THE SERVICE A	100			NSHOT	WOUND				ACUTE
	SATATE OF				S A CONSEQUENCE	OF _				
	ELMANA S		Conditions, if any, which gave rise to immediate		PRESSIG	N				INDEF
	N NAME AND		couse (a) stating the under	(,	S A CONSEQUENCE	OF				
	S PASSES		lying couse fost.	(c)					13	
	AL RECORD OULD BE EXE OULD BE EXE OULD BE EXE MIEF MEDICA MED AS BUR MED AS B		PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITI	ION GIVEN IN PART 1 in			-
	MEDION ME	Z		-						
	PENICO BILL CR. C.	CERTIFICATION	19a DATE OF OPERATION	196 CONDITIO	ON FOR WHICH OPE	RATION WAS PERFO	ORMED?		20	AUTOPSY?
		FF				-	_			YES NO TO
	200005	ER	210 EXTERNAL CAUSE WAS	21b. TIME OF I	NJURY	21c HOW INJUR	RY OCCURRED LENTI	ER NATURE OF INJURY IN ITEM	TE PART 1 OR PART 21	TES LI NOTE
	CATE THE WENT THE WEN	10	UNDERLYING OR	20 44	MONTH DAY YEA	R				
	S CERTIFIC RITING TH RDED TO E 3 SHOU E DEPART OI PRIOR	MEDICAL	CONTRIBUTING CAUSE OF	P.M.	INJURY (AT HOME	SHOT	IN IT	AD		
	S CER RELINA	ME	WHILE INOT WHILE I	STREET, FACTO	RY. FARM, ETC)	- TO 1	x = 11 /	AL PUTO MA	COUNTY	STATE
	WAR WAR WAR WAR WAR WAR WAR WAR WAR WAR		AT WORK AT WORK	/	4 MG	83041/n	4BER HILL L	AU POID MA	2 MAN	TIVID
	ATE SES		228 I certify that I took char-	ge of the remains descr	ibed obove, held on	Autopsy .	Inspection	Inquiry 2	and in my opinion	
	EXAMINER: CERTIFICATI DULD BE FOR J. WITH THE MARYLAND		death resulted from	rol cours	Rident , Si	uicide , Hom	nicide . Und	etermined monner].	
	EXA CERT UID B DIRE WARN		-	(11)	1. 111	- D THIE	SPECIFY)			1 1-
	A STATE		ACTUAL SIGNATURE	rece W	my/fll	MD D	PT ME	EDICAL EXAMINER	DATE SIGNED	9/27/87
	UTE THUNE THUNE THUNG TH			0	1.1			Λ	D 20	181400
	≥ O % E = -		(TYPE OR PRINT)	NGS CI	MAYLE	ADDRESS	5200 W15	consmitte	BETHES	BA /MI)
	DAY DAY	23a. B	JRIAL, CREMATION, REMOVAL	23b DATE	123c. NAME OF CE	METERY OR CREMA	TORY 23d.	LOCATION		
07/	B4 BP.	- (1	urial	9/30/87		vid Memori			COUNTY	STATE
25A	A		INERAL DIRECTOR DANZAN	SKY-COI DPE	DC MEMODIA	Ta Hemori	258. DATE REC'D.		urch: Fai	rtax; Va.
	DHMH - 17 (VR A15 ME (5))	1	170 Poolers 11 - D	STATE DOUBLE	AG PIEMOKIA	CHAPELS	DCTO	1 1987 Julia	Danders !	Rondollo
	(411 212 115 (2))	1	170 Rockville P	TKE: KOCKA	lile, Md.	20852	99.	- U		

TO FUNERAL DIRECTOR, After this certificate has been should be detached far use as the burial-transit permit. The with the State Dept. of Health and Mental Hygiene prior to

BP.

DHMH - 16 60M 7/84

(VRA 15, 4)

IMPORTANT: If Hem 21 is marked ar Item 18 shaws a

STATE OF MARYLAND	2 /
DEPARTMENT OF HEALTH AND MENTAL H	GIENE
CERTIFICATE OF DEATH	

	1 -	FOR STATE REGISTRAR	DE		EALTH AND MENTAL HYGI ICATE OF DEATH	IENÉ REG. N			
28	1 1 6	CEASED NAME FIRST	MIDDLE	L/	NST .		MONTH DAY	YEAR 2	b. HOUR
		ORPRINT) ESTEL	LA B.	JACKS	ON	THE DATE OF BEATTI	9 19	87	1245 MD
	3 SE)	Famile	RIDAK	S. DATE O	F BIRTH	6. AGE JIN YEARS LAST BIR	THDAY) IF US		FUNDER 24 HRS F
	7a. BI	RTHPLACE ISTATE OF FOREIGN	76 CITIZEN OF WHAT COU	INITRY2 II	1 24 1909	BALTIMORE CITY C	YRS.	DEATH	
2	1	laryland	4.S.A.	MARRIED		MONTG	OME	RY	MD.
	10 CI	OCKVILLE)	SHANG PROSPITAL, IN		ROTHER INSTITUTION ENTIST 1650	12a USUAL OCCUPAT			BUSINESS OR
3	USU/ 13a S	AL RESIDENCE (IF NURSING HOME OR OF ATTEMPT 136 COUNTY)	other institution, give residence by the court of the cou	CE BEFORE ADMISSION) OR TOWN Man Swn	138, INSIDE CITY LIMITS? YES NO	136 STREET ADDRESS	ZIP CODE	Pock.	DR.
^	14. FA	THER'S NAME	AIDDIE 11	61 /	15 MOTHER'S MAIDEN NAM		1.		
		MAURIC	e K. 1-1	SheR	FIRST	DRA S	1m5	LAST	1 ,
1			AED FORCES? 166 SOCIA WAR OR DATES) 219	34-8623	Thomas Ja	CKSON SON	S) 210.	15 Dig	w. md.
		18 CAUSE OF DEATH (Enter onl PART). DEATH WAS CAUSED IMMEDIATI	BY:	(b), and ici. I	amit			BETWEEN ON:	SET AND DEATH
		Conditions, if ony, which	DUE TO, OR AS A CON	ente (Guestian			perent	1 lins
		gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CON	ISEQUENCE OF					
	NO	PART 2 OTHER SIGNIFICANT C	Periodel	1 (Wh Cala	NOT RELATED TO THE TERMI	NAL DISEASE OR CON	DITION GIVEN I	N PART 110	
}	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	206 IF YES, WI IN CERTIFYING YES	G CAUSES O	S USED F DEATH?
1	CAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	21b. TIME OF INJURY HOUR A.M. MONT P.M.	TH DAY YEAR	2Tc. HOW INJURY OCCURR				
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
		22a I certify that (I) (this haspit sow the deceased alive on above, (I) (wg) (did) (did not			d that in (my) (our) opinion d	eoth occurred on the d			ot (I) (we) last
		obove, (I) (we) (did) (did not 22b. SIGNATU	view the body ofter death		DEGREE			22c DAJE SIC	
		Utrand	41-			MEDICAL STA	FF CIAN []	9/19	187
		22d. PHYSICIADUS N. MI	Goman		15225 8H	ADY GROVE	Rd, Ro	hville	no
		SURIAL, CREMATION, REMOVAL	23b. DATE		EMETERY OR CREMATORY	23d LOCATION		DUNTY	STATE
		Burial	9-25-87	Mt Zior	n Cem.	Dickers			MD
	24. FL	JNERAL DIRECTOR SAME George R. Sn	Owden Pod	DRE55	MD 20850 SE	P 2 3 1987	25b REGISTRAR	SSIGNATUR	edies.
		- Jongo IV. DII	Owden ROC	VATITE!	TID 20040				The second second

I DECEASED NAME (TYPE OR PRINT) poge 3 3. SEX

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH LAST

REG. NO 20. DATE OF DEATH MONTH YEAR 26 HOUR 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR OR COUNTY OF DEATH MOITA 12h KIND OF BUSINESS OR TOF WORKING LIFE INDUSTRISS 20006 S / ZIP CODE IZONA AVENUE. N. 087930 14th ST., N. W. WASHINGTON. D. C. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH NDITION GIVEN IN PART 110 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO | JURY IN ITEM 18 PART 1 OR PART 21 TOWN COUNTY STATE date and haur and from the couses stated 22c. DATE SIGNED AFF SICIAN LONG TSTAND, NEW YORK R 256 REGISTRAR'S SIGNATURE

director	a s			M ALE		WHIT	E	MONTH 3	- 27	-05	82	
nerol dir	n 72 hou	7	BIR	OHUNGARY	76 CITIZEN	OF WHAT CO	UNTRY?	MARRIEI WIDOWE	NEVER M	ARRIED O	MON"	TY
in by the fu	should be filed within 72	11). CII	ROCKVILLE					ER WASH		170. USUAL OCCU	
filled in	ad bluor	- I	30. S	RESIDENCE IN NURS OF TATE D. C.	OF DENER INSTITU	130 GITY WASH			134 INSIDE CI	NO 🗌	13e STREET ADDRE	
umplerely	2 5	1	I. FA	TZVI	MIDDLE	JARA	(a)y		15 MALEVI	MAIDEN NAM	ME	LE
on and co	medcol .	16		AS DECEASED EVER IN U. ES, HOOR UNKNOWN) (IF Y	S. ARMED FORCE ES, GIVE WAR OR DATE		09 0		17 INFORMATE RABB		EL KLAVAN,	
1	emoval.			18 CAUSE OF DEATH (En PART I. DEATH WAS C	ter anly ane couse AUSED BY: EDIATE CAUSE (o	Ma	, (b), ond	NAI	NT	ME	TASTA	T
	sous remare corb al, cremation, ar or other traumostic			Conditions, if ony, while gove rise to immedio cause (o), stating II underlying couse last	the DUE TO	D, OR AS A CO				m	ELAN	′′′′′′′′′′′′′′′′′′′′′′′′′′′′′′′′′′′′′′′
n. nos b	ws on y men.		CERTIFICATION	PART 2 OTHER SIGNIFICATION					NOT RELATED		200 AUTOPSY?	0
g physicia ertificate	ntal Hygie	-	- 4	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EX)	OF DEATH HOUR	AE OF INJURY A.M. MON P.M.	TH DA	Y YEAR	21c HOW INJ	URY OCCURR	RED (ENTER NATURE OF	N N
offendin	h and Me		MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE EAT WORK		CE OF INJURY		RM, ETC)	211. LOCATIO STREET	N	CITY	⊃R
hospital or RECTOR: A	id for use of it. of Healt im 21 is ma			220.1 certify that (1) (this sow the deceased all above, (1) (we) (aid) (c	~ ~	4 2	/			our) opinion o	, ta death occurred on the	he
by the h	State Dep	1		22d PHYSICIAN'S NAME	TYPE OR PRINT)	1 bed)	n	AT ADDRESS	W. Co.	MEDICAL DIRECTOR PH	ST
etoined TO FUN	should b			LORETO	S.	/10	B 10		6121	mon	JTROS-	8
BP			(5	BURIAL BURIAL	9/1:	3/1987	WE.	LLW00		ERY	PINEL'AW	N
MH (VRA	5 60M 7/84 15, 4)	١,٠	90A	HARADOIMICTOSTEIN CARROLL STI		W., WÁ		GTON,	D. C.	SEF	1 7 1987	

MIDDLE

06720

FOR STATE REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO. 20 DATE OF DEATH

O

SEL!	可以	CEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH D	AY YEAR 26 HOUR
eoth .	{TYP	WillARd	R	Jenkins	9-19-87	1245PM
0 5	3. SE		4. RACE	5. DATE OF BIRTH		FUNDER I YEAR IF UNDER 74 HRS
rs of		M	Caucasin	MONTH DAY YEAR	81 YRS	ONTHS DAYS HOURS MIN.
P S S	70 B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	MARRIED NEVERMARRIED	BALTIMORE CITY OR COUNTY	OF DEATH
nero	IV	iralnia)	USA	WIDOWED DIVORCED	MONTGOM	564 MD.
9 3	18 C	ITY ON OWN OF DEATH	11. NAME OF HOSPITAL, NUR	SING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (1499E OF WORK FOR MOST OF WORKING LIFE	126 KIND OF BUSINESS OR INDUSTRY
THE COLUMN	7	Rockville.	Shady GRAVE	Hospital	Mechanic	Auto Doalers
5 a 6		AL RESIDENCE HE NURSING HOME OF		OWN 134 INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE	99999
	V		St-Moreland Colonial		R+2 Box 140/	22443
1	17 F	ATHER'S NAME	MIDDLE	15 MOTHER'S MAIDEN N	MIDDLE .	LAST
100	4/_	Charles	Jenk	ins Many	N. Will	Kenson
1		WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SE	10 /. 0	Silven Springs,	md, 20906
55		No	578-09	1-193/ Pearl L. K	Rodgers 1311/ Lut	25 Dr.
a al		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one couse per line for (a), (b),	ond (c·		BETWEEN ONSET AND DEATH
000			ATE CAUSE (a) CALLE	ollows for	red	
of the same		LOWER FOR	DUE TO, OR AS A CONSEC	QUENCE OF		
		Conditions, if any, which	(16) Hoyal	realierra		
2111		gave rise to immediate couse (o), stating the	DUE TO, OR AS A CONSE	QUENCE OF		- 1
9 9 9 9		underlying cause last	10 Met do	tates Malmor	arenora K	Muly
2 2 2	7	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	O DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIVE	N IN PART NO
100	CERTIFICATION	ardrom	sexten stata	as (Stroke)	In without In ware	LANGE CHARLES AND AND AND AND AND AND AND AND AND AND
5 6 6 6	15	190 DATE OF OPERATION	198 CONDITION FOR WHI	ICH OPERATION WAS PERFORMED	IN CERTIFY	WERE FINDINGS USED YING CAUSES OF DEATH?
	E .	210. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY	11/ HOW INTURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM TS PA	
まま 世人		OR CONTRIBUTING CAUSE OF D		DAY YEAR	KKED (ENTER NATURE OF INJURY IN HEM 18 PA	RITORPARTZI
hen	S	(IF EITHER NOTIFY MEDICAL EXAMIN		19		
do	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY LAT HOME STREET, FACTORY OFFI	CE, FARM, ETC.) 211 LOCATION STREET	CITY OF TOWN	COUNTY STATE
os t leh o orke		AT WORK AT WORK				
T Sed			pital) attended the deceased from	27 11	10	9 thou (I) (We) last
d for			nat view the bady after death.		n deoth occurred on the date and hour	
Checker		226. SIGNATURE		DEGREE ATTENDING	MEDICAL STAFF	224 DATE SIGNED
dete dete		Desdes		PHYSICIAN	DIRECTOR PHYSICIAN	9/19/27
I be Si	/	226 PHYSICIAN'S NAME (TYPE		22e ADDRESS	in mont oomer	er ave.
should be a with the Sta		wasters.	S. SHUMAKI	EL, MA TOLEV	LLE MP 20	11350
100	23a	BURIAL, CREMATION, REMOVA	AL 23b. DATE 2	I NAME OF CEMETERY OR CREMATORY	23d LOCATION	
77		Bunial	19-23-87 3	TENKINS Family Con	, Colonial Beach	westmaraland
16 60M 7/B4	24 F	UNERAL DIRECTOR		02.412 1/a/ 250 D/	ATE REC'D. BY REGISTRAP 256 REGISTE	
RA 15, 4)	11	ash and Slau	1. 149 355	+. Colonial Beach EP	24 1987 Miles Den	dern-Renders
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Make the property and the property of the prop Market and Albert 1987 - F. Land Committee and Carlot Committee and Carl

(VRA 15, 4)

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Contract of the contract of th

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL TYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO EASED NAME TO DATE KNOWN OF ESTI-DEATH MATED 4. RACE IF UNDER 24 HRS DATE LAST BIRTHDAY) RONOUNCED DEAD 19 WRTHPLACE BALTIMORE CITY OF COUNTY NEVER MARRIED DIVORCED NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY VONE 3d INSIDE CITY LIMITS? MIDDLE ARMED FORCES? **ADDRESS** CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BURIAL - TRANSIT PERMIT BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o' USED AS A BURIAL - TRANSIT PROPERTY HEALTH AND MENTAL HYGHE RIAL, CREMATION, OR REMO DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (o) stoting the under DUE TO, OR AS A CONSEQUENCE OF lying couse lost. MEDICAL PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART TIG CERTIFICATION 0-12 WRITING THE WORD "PE VARDED TO THE CHIEF A PAGE 3 SHOULD BE USED. 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD PAGE 4 SHOULD BE FORWARDED TO THE CHIE TO FUNERAL DIRECTOR; PAGE 3 SHOULD BE USE AFTER DEATH WITH THE STATE DEPARTMENT OF BALTIMORE, MATCHANO, 21301 PRIOR TO SURFINE YES NO DE 21e EXTERNAL CAUSE WAS 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTERNATURE OF HIJURY IN ITEM 18 PART T OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION (AT HOME. WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN STATE NOT WHILE COUNTY AT WORK AT WORK Inspection X 220 I certify that I took charge of the remains described above, held on Autopsy Inquiry and in my apinion death resulted from: Notural couses Accident Homicide Undetermined monner TITLE (SPECIFY) ACTUAL MEDICAL EXAMINER XAMINE BIS NAME TYPE OF PRINT 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 236 DATE NAME OF CEMETERY OR CREMATORY 07 B4 BP **DHMH - 17** (VR A15 ME (5))

filled i	35		STATE ,	MONT.	OLNEY		NSIDE CITY LIMITS?	13e.STREET ADDRESS /		20832
Special Annual Property	(50	1	ATHERS NAME FIRST LENRY	WIDDLE	TOPN SON	A	OTHER'S MAIDEN NAM PIRST / NA	ME MIDDLE	atte	eson
- Popul	/ medica		VAS DECEASED EVER YES, NO OR UNKNOWN) YES	IN U.S. ARMED FOR LIFYES, GIVE WAR ORD UNKNOW	ATES) 227 (2	ITA	RSING HOME	OLNEY, M	Ď. 208	
o physics	event, th		18 CAUSE OF DEAT PART I. DEATH W	H (Enter only one co AS CAUSED BY: IMMEDIATE CAUSE	use per line for (a), (b), a (a)	nd (cs.) PS 1'S				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
d by the attendin	of, cremation of or other traumatic		Conditions, if ony, gove rise to imm couse (o), statin underlying cause	which nediote g the DUE	TO, OR AS A CONSEQUENTO, OR AS A CONSEQUENCE (c)	JENCE OF	ngrene Ensuffici	left Le	<u>'</u> 9	
Then pl	injury, o	ATION	PART 2 OTHER SIGN		eft Hemis		RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIVEN	IN PART 110
hos t per	s ony	CERTIFICAT	19a DATE OF OPERA	ION 196	CONDITION FOR WHIC	H OPERATION WA	S PERFORMED	200 AUTOPSY?		ERE FINDINGS USED IG CAUSES OF DEATH? NO
g physic certificate riol-trans	them 18 sh		210. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING	AUSE OF DEATH HO	TIME OF INJURY UR A.M. MONTH [P.M.	DAY YEAR	HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART	ORPARI 2)
fter this os the bu	h ond M	MEDICAL	21d INJURY OCCURE WHILE NOT WH AT WORK AT WORK	ILE T	PLACE OF INJURY OME STREET, FACTORY, OFFICE		OCATION STREET	CITY OR TOW	VN	COUNTY STATE
CTOR: A	of Healt			(this hospital) attendance on Idea (did not) view th	ded the deceosed from 19 e bødy after death.	87, and the		2, to SEDHA death occurred on the do		that (1) (we) lost ad from the causes stated
by the ho ERAL DIRE	State Dept		226. SIGNATURE	984	Jour	DEGRI	ATTENDING PHYSICIAN	MEDICAL STAF		9-8-8
O FUNE	the RT.		22d. PHYSICIAN'S NA	E. HOL	WE.	22e	OWEY	MAT	RYLA	ND
3P			BURIAL, CREMATION, SPECIFY) BURIAL		pt. 11,1987	LAYTONS		23d LOCATION CITY OR TOWN LAYTONSVII	LLE MON	
MH - 16 60 (VRA 15,			MURIEL H.	BARBER L	AYTONSVILLE	, MD. 20	1879 SEF	1 6 1987		S SIGNATURE

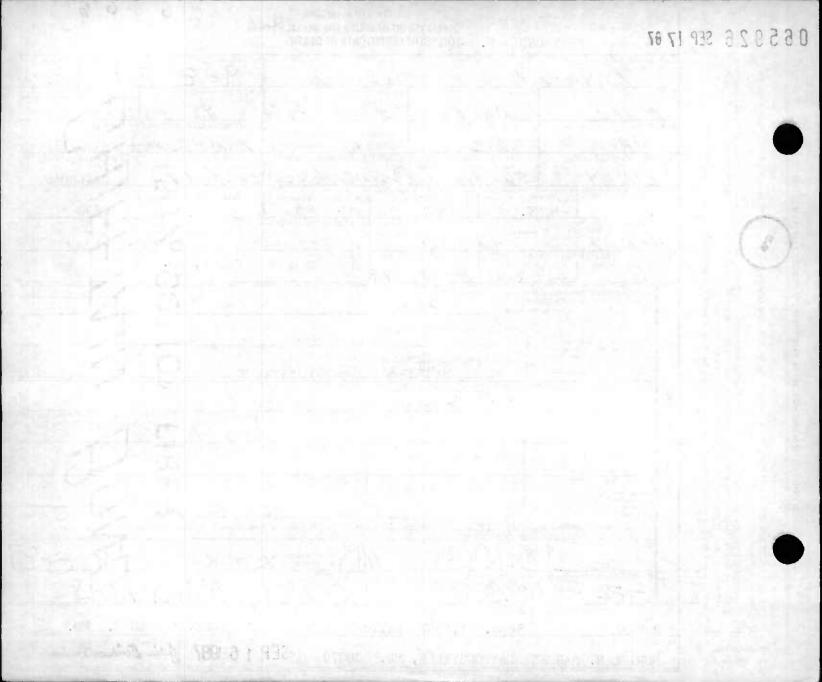
DAY

IF UNDER 1 YEAR

INDUSTRY

RAILROAD

26 HOUR



9-29-87

STATE OF MARYLAND

2 Yours 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES | 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART 1 OR PART 2) COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 23c. NAME OF CEMETERY OR CREMATORY Lincoln Park Cemetery Rockville, Montg. MD 250 SEP 3 0 1887 Rockville, MD 20850

26 HOUR

INDUSTRY

DHMH - 16 50M 1/81 (VRA 15, 4)

23a BURIAL, CREMATION, REMOVAL Burial

George R. Snowden

24 FUNERAL DIRECTOR

The ST Turner with

STATE OF MARYLAND

REGISTRAR				CERTITI	CAILOID	LAIH		REG. NO.			
1. DECEASED NAME	FIRST		MIDDLE	LA	ST		20 DATE OF	DEATH MON	TH DAY	YEAR	26 HOUR T
(TIPE ON PRINT)	GFRTRII	DF	1	KA	NE		SEPTE	EMBER 12	1 1 9	187	1.15
3. SEX		RACE		5. DATE OF	FBIRTH			EARS LAST BIRTHDAY) 15	UNDER I YEAR	IF UNDER 24 HRS
FEMALE	31 - 75	CAUCAS	IAN	DECEMBER 1. 1910		1 4,		YRS	NIHS DAYS	HOURS MIN	
70 BIRTHPLACE (ST			WHAT COUNTRY?	8			9 BALTIMORE CITY OR COUNTY C			FDEATH	
WASHINGTO	N. D.C.	u.s	. A.	WIDOWED	RRIED XX NEVER MARRIED		MC	NTGOMER	2V		M
10 CITY OR TOWN C	F DEATH I	1. NAME OF	HOSPITAL, NURSIN		OTHER INST	ITUTION	12a USUAL C	OCCUPATION FOR MOST OF WOR		126 KIND C	OF BUSINESS O
SILVER SE	RING		DEN STREET				SECRE		· KRAG [ILE]	INDUSTRY	
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MARYLAND	MONTG		SILVER S			NO 🗌		BADEN ST			20901
14 FATHER'S NAME	M	DDIE	LAST			MAIDEN NA	ME	WIDDIE		LAS	.1
MAURIC			LANMAN		ANN			S.		BURRI	
160 WAS DECEASED		ED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMA	NT		ADDRESS			
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			r line for (o), (b), one	d (c).)						BETWEEN	MATE INTERVAL ONSET AND DEATH
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gove rise to	stoting the	DUE TO, C	R AS A CONSEQUE	NCE OF						1	
underlying	cause lost	(10)_				Onort	5+				
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110										
19a DATE OF C	DE B 4 7104 1	1.0						no la	40.140.0		
S DAIE OF C	PERATION	IVE. COND	HTION FOR WHICH	OPERATION	WAS PERFO	KWED	20a AUTC	IN:	CERTIFYIN		OF DEATH?
21. ACCIDENT W	AS UNDERLYING	21b. TIME C	OF IN HIRY		21. HOW IN	IIIPY OCCUPE	YES [TURE OF INJURY IN IT	YES (NO 🗌
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OR CONTRIBUTION (IF EITHER, NOTIL	Y MEDICAL EXAMINER)	_	.M. OF INJURY	19	21f LOCATIO	NI.					
	OT WHILE		REET, FACTORY, OFFICE, FA	ARM, ETC	STREET			CITY OF TOWN		COUNTY	STATE
AT WORK	AT WORK	6			8)0 4	67		9/12		03	
	ot (1) (this hospito eceosed olive on _	i) offended fi	te deceosed from _	6.7	that in (my)	(pur) opinion o	, to	d on the date of	, 19.		that (I) (we) los
obove, (1) 22b. SIGNATUR	we) (did) (did not)			, 0110	EGREE	(our / opinion c	-	on the dote of	10 11001 0		
21	1- 0	1	1 0-	U	A	TTENDING _	MEDICAL	STAFF		22c. DATE	4
224 PHYSICIAN	S NAME (TYPE OR	(PINIT)	1000 703		22e ADDRES	PHYSICIAN [DIRECTOR	PHYSICIAN		177	1111
	EY.A. SC				5454	WISCONS	IN AVE	CHEVY	<u>CHA</u>	SE, MI	D. 2081
230 BURIAL, CREMA	ION, REMOVAL	236 DATE	The second second		METERY OR C			OR TOWN		OUNTY	STATE
BURIAL 24 FUNERAL DIRECT	OR to luca		15.1987 GA		HEAVE			ER SPRI			
NAME	FRANCI.		LLINS , RES JE		110	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1 7 1	Q7	La Di	MA SIGNAL	Kandass
500 UNIVE	KSITY BL	VV. W.	SILVER ST	KING.	MU.209	OTISEF	7 1 1	201.		-	

DHMH - 16 60M 7/84 (VRA 15, 4)

OF UNE ALD IRECTOR. After this certificate has been signed by included effected for use as the burial-transit permit. Then please with this state Dept. of Health and Mental Hygiene prior to burial, on

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retoined by the hospital or attending physician.

TO HOSPITAL OR ATTENDING PHYSICAN

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR, After this certification of the burner of the State Dept. of Health and Merital IMPORTANT: If Item 21 is marked or

ottending physician and

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL UVCIENCE

	FOR 1 - STATE REGISTRAR	DEP		IEALTH AND MENTAL HYG ICATE OF DEATH	IENE REG. N	9	0 ,		
1	I DECEASED NAME FIRST	MIDDLE	1	AST	20. DATE OF DEATH	MONTH DA	AY YEAR	2b HOUR	
4	Oaniel	vmv	KARS	NER	THE OT DEATH	09-16	- 87	3:30	р.
	Male Male	White	Sept.	23, 1924 YEAR	6 AGE (IN YEARS LAST BIR		FUNDER I YEAR	HOURS /	MIN.
	Washington, D.C.	U.S.A.	MARRIE	D NEVER MARRIED DIVORCED DIVORCED		ntgome	ery		MD.
)	Silver Spring	3615 Glenea	gles Driv	OR OTHER INSTITUTION	120 USUAL OCCUPAT Retired Fire	Thispec	IZE KIND OF	lonigo ounty	mer
-		other institution, give residence ty gomery Silver	Spring	134. INSIDE CITY LIMITS? YES 🐔 NO 🗌	3615 Glene	agles I	Orive 2	0906	
10	J. Wal	ter Kars		Sarah	Elizabe		Ledão	on	
1	160 WAS DECEASED EVER IN U.S. ARM (YES NO OR UNKNOWN) YES (YES NO OR UNKNOWN) YES WW I	MAR OR DATES	SECURITY NO. 2-7150	Elinore Karsne	er (wife) sa		13e		
	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	y one couse per line for (a), (l) BY: CAUSE (a) VENTI	by and ichi RICULAR	ARRHYTHMIA			-	MIN IN	ATH
	Conditions, if any, which gave rise to immediate	DUE TO, OR AS A CONS	THET DISENSE			9	YRS.		
	couse (o), stoting the underlying cause last.	DUE TO, OR AS A CONS							
	PART 2. OTHER SIGNIFICANT CO	196 CONDITION FOR W			206 AUTOPSY?	20b. IF YES,	WERE FINDING	GS USED	2
J	HE I				YES NO	YES		NO 🗌	
7		HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	RT I OR PART 2)		
	OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOTIFY WHILE AL WORK AL WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, O	FFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STAT	E
	22a I certify that (I) (this hespite saw the deceased alive on above, (I) (we) (did) (did not)	9-15	(2)	10-36, 19 79 and that in (my) (cor) opinion of	to 9 =	I(a 19	9_87_, the	not (li (wel	lost
	27b. SIGNATURE	Sinderson	. MD		MEDICAL STAI	FF IAN [9-17-	IGNED	
	THAMAS G. S	INDERSON ,		11125 ROCKUI		ROCKUII	LLE, M	1. 20	350
	230 BURIAL, CREMATION, REMOVAL ISPEBUrial		Parklaw	emetery or crematory n Memorial Pa	rk Rockvill	e, Mar	yland	STATI	t
	⁷⁴ FUNERAL DIRFTYSon Whee 1331 Rockville Pik	eler Funeral H e Rockville, N	lome, Indianyland	20852 SE	REC'D. BY REGISTRAR	Pulis De		REPORT	1

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending should be detached for use as the burial-transit permit. Then please remove cortinuity the State Dept of Health and Mental Hygiene prior to burial, cremation, as

TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital or attending physician.

BP.

DHMH - 16 60M 7/B4

(VRA 15, 4)

MPORTANT: If hem 21 is morked of Henry 8 shorr ony

MURIEL H. BARBER

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

6

		REGISTRAR				CEKIII	ICAIE OF DEATH		REG. NO	D. ==		
	I DEC		EATHE								1987	26 HOUR 1:30
HEATHER MICHELE KASPROW SEPTEMBER 15, 1987 1 SEX FEMALE WHITE WHITE WHITE WHAT 18, DAY 1971 16 WE BIRTHPLACE STATE OFFICEROR WE GOVERNOON WOOWED DOWN OF DEATH WOOTGOMERY WHO WED DOWN OF DEATH WOOTGOMERY WHO WED DOWN OF DEATH WOOTGOMERY BE CITY OR TOWN OF DEATH (I) NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (I) NOT SEPTEMBER 15, 1987 18 CITY OR TOWN OF DEATH (I) NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (I) NOT SEPTEMBER 10, AND OF BUSY WOOWED DOWN OF CO. (I) NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (I) NOT SEPTEMBER 10, AND OF BUSY (I) NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (I) NOT SEPTEMBER 15, 1987 (I) NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (I) NOT SEPTEMBER 15, 1987 (I) NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (I) NOT SEPTEMBER 2000 (I) NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (I) NOT SEPTEMBER 2000 (I) NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (I) NAM												
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1	0	OUNTRY)	FOREIGN		WHAT COUN	MARRIE	D =		-	-	Y OF DEATH	N
)				(IF NOT IN SUC	H FACILITY, GIVE	STREET ADDRESS)						
)	130. S	Md.	136 COUN	TY	13c CITY OR	TOWN	YES NO NO		TADDRESS 3 BATT	LERII	GE PL.	20879
C		FIR51			KASP	ROW		AME			DUNN '	NST.
	(1	ES NO OR UNKNOWN)			THE ALL LAND			SPROW		-	# 13	
		Conditions, if any, gave rise to improve couse (a), stating	MMEDIATI which mediate ig the	DUE TO, OF	RAS A CON	SEQUENCE OF		Fail	u ne		5	126
	CATION							20,000		20b IF YE	ES, WERE FIND	INGS USED
X	TIE	Carl Day						YES	NOX	1		NO [
7		OR CONTRIBUTING	CAUSE OF DEAT	TH HOUR A.	M. MONTH			RRED (ENTER		Y IN ITEM IS	PART I OR PART 21	
	MED	WHILE NOT WE	OLE			FFICE FARM ETC)			CITY OR TO	wn	COUNTY	STATE
		saw the decease abave, (l) (we) (d	ed alive an_		9	19 47 , 0	nd that in (my) (aur) apinior	death accu	rred on the do	ite and ha		. that (I) (we) la e causes stated
			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	5000		20	ATTENDING PHYSICIAN	MEDICA	OR PHYSIC	IAN		
/		22d PHYSICIAN'S NA	AWE TIME OF	S + f 1 es	Suce	6 2	22e ADDRESS	9801	Georgia	Ava	D. F.A.C.P. Suite 314	
	(URIAL, CREMATION, SPECIFY) URIAL	REMOVAL	23b DATE S EPT.	18,198		OF HEAVEN	234 10	CATION 19	3-881;	3 COUNTY MON	T. MD.
H		JNERAL DIRECTOR			ADD	DECC	d End	TE POST	S EK RAN	K FAIL	PAR'S COL	AND .
	M	URÎËL H. E	BARBER	LAYT	ONSVII	LE. MD.	20879	1 0 10	0			

LAYTONSVILLE, MD. 20879

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL .. CERTIFICATE OF DEATH

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7	4	0	71	1
-	6	0	(/	-
PEG NO)			

	CEASED NAME SARAH	Ľ	• KA	UFMAN	AUGUST	28	1987	26 HOUR 4:35A	
3 SE	EMALE	WHITE	S DATE	NE 6 1470	6 AGE (IN YEARS LAST	YRS	IF UNDER LYEAR	IF UNDER 24 HRS HOURS MIN.	
NE	RTHPLACE ISTATE OR FOREIGN	U. S. A.	MARR	IED NEVER MARRIED NED DIVORCED	MONTGOMERY COUNTY				
1	OCKVILLE DEATH	COLLING	DSPITAL, NURSING HOME FACILITY, GIVE STREET ADDRESS) SWOOD NURSIN		THOUSEWIF	LOF WORKING L	LIFE) 176 KIND C	HOME	
170/2	TRYLAND 13 MOX	TGOMERY	IVE RESIDENCE BEFORE ADMISSION ISC. CITY OF TOWN ROCKVILLE	134 INSIDE CITY LIMITS?	13. STREET ADDRES			20850	
EL	WAS DECEASED EVER IN ITS A	MPDLE	COHEN	BECKTE	MIDDLE		FERDIN	JAND	
NO		IVE WAR OR DATES)	577-52-1507	10308 TYLER					
FICATION	PART 2 OTHER SIGNIFICANT PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION	CONDITIONS COI		UT NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YE	ES, WERE FINDI	NGS USED 5 OF DEATH?	
MEDICAL CERTIFIC	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 214 INJURY OCCURRED	HOUR A.M	I. MONTH DAY YEA I. 15 FINJURY	211 LOCATION		3	YES B PART I OR PART 2} COUNTY	NO	
WE	WHILE AT WORK NOT WHILE AT WORK 270.1 certify that (1) (this has sow the deceased alive cobove. (1) (we) (did) (and in 1726 SIGNATURE	pital) attended the	7 6 19 87	and that in (my) (our) apinion	10 AJGJ-	57	, 19 27.	that (li (we) last	
7	276 PHYSICIAN'S NAME (117PE DR. ROBER		HMAR, M. D.	220 ADDRESS 7733	MEDICAL SIRECTOR PHY	ENUE,		5748198 ₁	
Ви	BURIAL, CREMATION, REMOVA PULLUL	9/1/19	87 MOUNT	CEMETERY OR CREMATORY LEBANON CEMETE	RY ADELPH	iI, PRI	INCE GEO	RGE STATE MD	
	UNAL DREMIOR STEIN 32 CARROLL STR			IG AT LIGHT	P 0 3 1987	C CONTRACTOR	XIV KOD OT A	JOKE	

DHMH - 16 60M 7/8 (VRA 15, 4)

IMPORTANT: If them 21 is marked or them 18 shows any injury, or other tra

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

066395 SEP	22	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	REG. N	o.		
		SASED NAME FIRST	DAMPLETA	MIDDLE		AST		MICHAEL D	YEAR YEAR	26 HOUR P
ay be agge 3 death	-			LEE KESSI			SEPTEMBER			12:40 M
ğ	3 SE		4. RACE		5. DATE C		6 AGE (IN YEARS LAST BIR		IF UNDER I YEAR	IF UNDER 24 HRS
age 4		EMALE	CAUCAS		JUN	E 4 1957	30	YRS		
merci di		RTHPLACE (STATE OR FOREIGN COUNTRY) ARYLAND		STATES	MARRIEI WIDOWE	D NEVER MARRIED A	9 BALTIMORE CITY O		OF DEATH	MD.
10	700	TY OR TOWN OF DEATH ETHESDA		HOSPITAL, NURSIN UCH FACILITY, GIVE STREET NAVAL HOS	ADDRESS)	PROTHER INSTITUTION	12a USUAL OCCUPATE (TYPE OF WORK FOR MOST ON A			F BUSINESS OR
NND 2112	13a S	AL RESIDENCE (IF NURSING HOME) STATE 13b CC RYLAND MON'		134 CITY OR TOW SILVER S	N	13d. INSIDE CITY LIMITS?	3852 BEL P	ZIP CODE	AD 20	906
MARYLAND 2120	14. FA	THER'S NAME FIRST THOMAS	EDWARD KI	ESSING LAST		15. MOTHER'S MAIDEN NAME FIRST MARY	JO BECK		LAS	
# 50 E S	16a V	VAS DECEASED EVER IN U.S.		166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	55		
e execution on a property of the property of t	(YES, NO OR UNKNOWN) (IF YES	GIVE WAR OR DATES)	217-70-4	633	THOMAS E.KES	SING			
JON ST., BAL oth certificate reading physicis e carbon poper n., or removal.		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DIABETES MELLITUS DUE TO, OR AS A CONSEQUENCE OF ALCOHOLIC LIVER DISEASE								
201 W. PRES s that the de ted by the att please remove priol, crempite , or other from		Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1: a								
RECORDS, on require nos been sign permit. Then we ap rior to b	CERTIFICATION	190 DATE OF OPERATION		DITION FOR WHICH			20e AUTOPSY?	20b. IF YES,	, WERE FINDIN	GS USED OF DEATH?
VITAL N The nysicio	ER	21g. ACCIDENT WAS UNDERLYING	71b TIME	OF INJURY		21c HOW INJURY OCCURE				NO 🗍
34		OR CONTRIBUTING CAUSE OF	DEATH HOUR	A.M. MONTH DA	YEAR	THE WORLD DECORE	LENIER MATURE OF MICH	Cricality 10 cm	WIT ON PART 27	
DIVISION OF NG PHYSICIA of the this certification of the buriolity of the buriolity of the buriolity of the buriolity of the buriolity of the buriolity of the buriolity of the buriolity	MEDICAL	214 INJURY OCCURRED	21e. PLACE	E OF INJURY TREET, FACTORY, OFFICE, F		21f LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
		ATWORK ATWORK								
ATTEND aspiral or aspiral or aspiral or use of for use of the use or use		22a. I certify that (I) (this hospital) attended the deceased from AUGUST 16 1987, to SEPTEMBER 14 1987, that (I) (we) last saw the accessed give in SEPTEMBER 14 1987, and that in (my) (aur) apinion deoth occurred an the date and haur and from the causes stoted above 11 10 (d. d.								
AL OR INE hor DIRE to Dep to Dep to The Dep		DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 155 PT 22t. DATE SIGNED 155 PT 27								
TO HOSPITAL TO FUNERAL should be det with the Store		22d PASICIAN'S NAME (1)	0				HOSPITAL			
TO TO TAME	22- 1	T. A. DOWG		MC, USNR	IAAAE OS C	BETHE EMETERY OR CREMATORY	SDA, MD 208	14-501		
BP	230 8	ISPECIFY BURIAL	SEPT. 1			NADONAL CONCRE	ARLINGTON	ARLIA	COUNTY	VIRGINIA
DUMBE 14 404 7 10 1		JNERAL DIRECTOR				25 DAT	E REC'D. BY REGISTRAR	256 REGISTR	RAR'S SIGNAT	URE
DHMH - 16 60M 7/84 (VRA 15, 4)	W.W	CHAMBERS CO. I	Jc. 8655 G	SECRETA AVE.	SIWER	SPRING MD DEP	2 1 1987	in waved	bor-Mano	

TO FUNERAL DIRECTOR, After this certificate has been si-should be detached for use as the buriof-trainst period. The with the State Dept. of Health and Mental Hygierie prior to AAPORTANT, If hem 21 is marked or hem 18 shapes only

DHMH - 16 60M 7/1 (VRA 15, 4)

ATTENDING PHYSICIAN. The low orpital or ottending physician.

TO HOSPITAL

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1.	FOR STATE			DEPAR			GIENE	13	1 1	
10	- 07	REGISTRAR		VI	7		ICATE OF DEATH	REG.	NO.		
13		EASED NAME	FIRST	key	MIDDLE 1	a br	AST KIMBELTING	20. DATE OF DEATH	MONTH G	DAY QUEAR	26 HOUR
	3. 5EX		ites	14 NACE 5. DATE OF			211110	ATTENDING MEDICAL STAFF ATTENDING MEDICAL STAFF ATTENDING MEDICAL STAFF ATTENDING MEDICAL STAFF ATTENDING MEDICAL STAFF ATTENDING MEDICAL STAFF ADDRESS AND MEDICAL STAFF ATTENDING MEDICAL STAFF ADDRESS AND MEDICAL STAFF ATTENDING MEDICAL STAFF ADDRESS AND MEDICAL STAFF ADDRESS AN			
	1 000					S. DATE C	DAY YEAR	AGE (IN YEARS LAST)			
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5	(COUNTRY				MARRIE	NEVER MARRIED	P BALTIMORE CITY	OK COUNTY	OFDEATH	10
-		lest Virgin		USA		ING HOME C	DIVORCED DIVORCED	120 USUAL OCCUPA	TION	TUN KIND OF	RUSINESS OF
7	K	ethes	I	(IEMOT N SUC	H FACILITY, GIVE STRE	EL ADORESSI.	0			industry	ov't.
5	13a S	AL RESIDENCE (IF NURS TATE MD		omery	13c. CITY OR TO Kensing		134 INSIDE CITY LIMITS?	13. SIREET ADDRESS	ZIP CODE	re/20895	;
1	14. FA	THER'S NAME	A	AIDDLE	LAST		15. MOTHER'S MAIDEN NA			LAST	
-		Okey Kimb	perlin	ıg			Hazel		1.1	Smith	27.54
1		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SEC	CURITY NO.	17 INFORMANT	ADD	RESS		
		Yes	1954	1958	234-54-	3643	Barbara Kim	berling, Sa	me add		
		PART I. DE ATH W	H (Enter onl	y one couse per	line for (a), (b), o	and (c).)	1 0			BETWEEN	NATE INTERVAL
				TE CAUSE (0) COLL money failure			une		20	whs	
		DUE TO, OR AS A CONSEQUENCE OF							12		
		gave rise to imn	ditions, if ony, which prise to immediate								
		ouse (o), statin		DUE TO, OI	/		legenous	Leusen	ma	848	201
		PART 2 OTHER SIGN	VIFICANT C	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CO	NDITION GIV	EN IN PART Va	
	TION	chlor	-0MG	-, as	otem	a. 9	ostru Be	milas			
2	TIFICA	90 DATE OF OPERAT	TION	196 CONO) ION FOR WHIC	H OPERAT O	N WAS PERFORMED	-	IN CERTIF	YING CAUSES	OF DEATH?
-	CERT	210. ACCIDENT WAS UND		216. TIME O		DAY VEAD	21c. HOW INJURY OCCUP				
1	CAL	OR CONTRIBUTING C		in .		DAY YEAR					
9	WEDI	21d. INJURY OCCURE	RED			EADA ETC.	211. LOCATION	CITY OR	OWN	COUNTY	STATE
	2	WORK NOT WH	RK		ett, racioni, orrice	, ranm, erc j		1 1			
					e deceased from				7		
10	H	saw the decease above, (1) (we) (c	ed olive on_ did) (did nat	view the body	OR AS A CONSEQUENCE OF STAFF OR AS A CONSEQUENCE OF STAFF OPEN AND STAFF OP						
		226 SIGNATURE	11	1	(5577.0	ATTENDING	MEDICAL ST	AFF	G DATES	IGNED
1	8	12d. PHYSICIAN'S NA		1 0-	ore		M) PHYSICIAN			118/8	7
		Tever	ny	11 0	obke	MO	10400 C	onn. Ac	e. t	Leusin	rsfor
		URIAL, CREMATION,	REMOVAL	236 DATE		NAME OF C	EMETERY OR CREMATORY			COUNTY	V
1		Burial		9/11/				ery Silve		ing, MD	
4		INERAL DIRECTOR						TE REC'D. BY REGISTRA	F 4 5-	RAR'S SIGNATI	
	7	130 Wiscons	sin Av	e. NW. Wa	ishington	n. D. C.	20016	0 4 4 146/	ونم بعالمانا	many of	

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		's cons, Tho.	rafall (cero)	torato 025

Emma de la la company Indiana company Alfredok

Committee Committee States and Committee Commi

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STATE OF MARYLAND CERTIFICATE OF DEATH

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068736 OCT	15 OF TE GISTHAR		DEPART	MENT OF H	EALTH AND MENTAL HAG ICATE OF DEATH	IENE REG N				
	DECEASED NAME	FIRST	WIDDLE	į.	AST	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR	
and and and and and and and and and and		RICHARD	BURTON	K Is date o	LINE	SEPTEMBER		987	3:20 PM	
4 34	a sea			MONTH	DAY YEAR		MON	THS DAYS	HOURS MIN	
- 3 11 //	MALE TO BIRTHPLACE ISTATE OF		ITE OF WHAT COUNTRY?		15, 1929	9 BALTIMORE CITY	OR COUNTY OF	EDEATH		
# 25 64	COUNTRY	/		MARRIE	NEVER MARRIED					
1 11 54	N Y	EATH / II NAME		WIDOWE	D DIVORCED DIVORCED	MONTGO!	MERY COL		F BUSINESS OR	
10 4 1	BETHESDA	(IF NOT IN	H, THE CLI	NICAL		PROFESSO	OF WORKING LIFE)	INDUSTRY	LEGE	
100	NEW YORK	IRSING NOME OR OTHER INSTITUTE TO COUNTY CHAUTAUOUA	13c. CITY OR TOV	VN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS BIRCHWOOD		11 9	14063	
3 7 24 034	NEW TORK	CHAUTAUQUA	A FREDON	IA	15 MOTHER'S MAIDEN NA		APIS.	A1	14003	
1 15/12	FIRST	MIDDLE	LAST		FIRST	MIDDLE		LAST		
¥ 1 6 000	FRED	N . ER IN U.S. ARMED FORCES	KLINE S? 166 SOCIAL SECT	IDITY NO	MARGARET	NORM ADDR		SZE	EKLY	
10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(YES, NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES	i)					AG DEG	77.475	
1 1 11	NO	NO	288-22-		MRS. JEAN I). KLINE	SAME .	AS DEC		
1 5 20	PART I. DEATH	ATH (Enter only one couse WAS CAUSED BY:			77.00				MATE INTERVAL ONSET AND DEATH	
to I Kalk		IMMEDIATE CAUSE (o) CARDIAC ARREST MINUTES								
8 70 8		DUE TO	OR AS A CONSEQU							
de de de	Conditions, if or		RESP	IRATOR	RY FAILURE			HC	DURS	
by the	couse (o), sto	ting the DUE TO	OR AS A CONSEOU ASPI		PNEUMONIA			НС	OURS	
DS. 20's signed hen ple to burner ilury, et il		GNIFICANT CONDITIONS	CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COM	IDITION GIVEN	IN PART 110		
NG PHYSICIAN: The low requires the other dring physicion. After this certificate has been signed to sthe buriel-tronsist permit. Then plea the ord Mental Hygiene prior to buriel the ord Mental Hygiene prior to buriel orked or frem 18 show, ony injury, e.e.	190 DATE OF OPER	PATION 196 CO	NDITION FOR WHICH	OPERATIO	N WAS PERFORMED	206 AUTOPSY?	206 IF YES, V IN CERTIFYIN	NG CAUSES		
VITAL	OR CONTRIBUTION	110.10	E OF INJURY A.M. MONTH D	AY YEAR	21c. HOW INJURY OCCUR				110 []	
Sicia Sici Sici	(IF EITHER NOTIFY M	EDICAL EXAMINER)	P.M.	19						
VISION OF PHYS OF THIS	(IF EITHER NOTIFY M 21d INJURY OCCU WHILE NOT AT WORK	JRRED 21e PLA	CE OF INJURY STREET, FACTORY, OFFICE,	FARM, ETC.)	211 LOCATION STREET	CITY OR T	OWN	COUNTY	STATE	
Po Aft o Point	22n Leastifu that	22a Leartify that (X (this hazaital) attended the deceased from SEPTEMBER 17 1087 to SEPTEMBER 3019 87, that X (we) lost								
TTEN TOR for u	sow the dece	sow the deceased alive on SEPTEMBAR 30 19.87, and that in XX (our) opinion death occurred on the date and hour and from the causes stated above. (A type wide) reliable to which body after death.								
RE A Possible of the Possible	226 SIGNATURE		John Green Geomi.		DEGREE			22c. DATE	SIGNED	
AL DI PE POCHE PE POCHE	(4	Jun Va VII	X		ATTENDING PHYSICIAN [MEDICAL STA		Con	+ 30,1987	
TO HOSPITAL reformed by if TO FUNERAL should be det with the Stote with the Stote MARCHANI.	22d, PHYSICIAN'S	NAME (TYPE OF PRINT)	ERVOR	T	ROCKVILLE	NAL INSTIT	UTES OF	HEALT	H, 9000	
of of Strain	230 BURIAL, CREMATIO	N. REMOVAL 23b. DATE			EMETERY OR CREMATORY	23d LOCATION	DDA, FIA	KILIAND		
49 BP 999	(SPECIFY) Remova	10	3-87 Br	own-Fo	rward F/H	Shake	r Heigh		Ohio	
DHMH - 16 60M 7/84	NAME	Marshall's	ADDRESS		LUCT	REC'D. BY REGISTRA	256 REGISTRA	R'S SIGNAT	URE	
(VRA 15, 4)	4217 9th	Street NW: 1	Washington	, D.C.	061	0 9 1987	1		1	

BP. DHMH - 16 60M 7 (VRA 15, 4)

STATE OF MARYLAND

65915	SEF	FOR SIATE BY REGISTAR		DEPARTMENT OF	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.			
ge 3		CEASED NAME FIRST PROPERTY FOR A N	CES D.	KL	OTZ	20 DATE OF DEATH	MONTH DAY YEAR D9/11/87	3 P	
dor poo	3. SE		4 RACE White	S. DATE C	1 4°, 1903	6 AGE (IN YEARS LAST BIRT	MONTHS DATE	IF UNDER 24 HR	
72 houn	70 BI	RTHPLACE ISTATE OR FOREIGN OUNTRY	76 CITIZEN OF WHAT C	OUNTRY? 8 MARRIE WIDOWI	D NEVER MARRIED DED DIVORCED	BALTIMORE CITY O			
by the further within	10 CI	TY OR TOWN OF DEATH	Hebrew Home	e of Great	or other INSTITUTION er Washington	120 USUAL OCCUPATE ITYPE OF WORK FOR MOST OF Homemaker	WORKING LIFE INDUSTRY	F BUSINESS C	
led in b	USU/ 130. S	AL RESIDENCE (IF NURSING HOME STATE 136 CO Md. Mor		DENCE BEFORE ADMISSION) Y OR TOWN hesda	13d INSIDE CITY LIMITS? YES NO [zip code ton St. 21	180	
0	O'	THER'S NAME Henry	WIDDLE	Davis	15. MOTHER'S MAIDEN NAM	WE	₩.	ood	
Pag med of	160 V	VAS DECEASED EVER IN U.S.	127120000000000000000000000000000000000	-42-1721	17 INFORMANT Henry Bress 6'	ADDRE 708 Pemberto		sda, Mo	
ed by the attending physical base remove carbon pailosse remove carbon pailosse remove carbon pailosse cambion, ar remove or other troumanc event.		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A C	CONSEQUENCE OF ERIOSCL	E HEART GROTIC HE	ART DIS	SE ASE	EAR	
has been signed permit. Then place prior to burn ows any injury, o	CERTIFICATION	PART 2 OTHER SIGNIFICAN	MULTI-1	N FAR CT		_ ^	20b IF YES, WERE FINDIN IN CERTIFYING CAUSES YES	NGS USED	
ittending physicis er this cerubicate the burnal-transit and Mental Hygin ked or frem 18 shu	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	DEATH HOUR A.M. MC P.M. 21e PLACE OF INJU	ONTH DAY YEAR	21c. HOW INJURY OCCURI 71f. LOCATION STREET	RED (ENTER NATURE OF INJUI		STATE	
he haspital at a DRECTOR: After tached for use as Dept of Health If frem 21 is marl		270 t certify that (1) (this haspital) attended the deceased from 24 1985 to 911 1985 that (1) (this haspital) attended the deceased from 324 1985 that (1) (we saw the deceased alive an above, (1) (we) (did) (did so view the body after death. 270. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 1188							
TO FUNERAL should be det with the State		224 PHYSICIAN'S NAME ITY	PATEL	,	22e ADDRESS	TROSE R	D, ROCKVIL	LE N	
BP	230	BURIAL, CREMATION, REMOV	23b. DATE 9-12-87		CEMETERY OR CREMATORY		nd, Pr. Geo.	Md.	
HMH - 16 60M 7/84	24 F	uneral director	Sons 5130 Wis	CADDREASVE. N		P 1 0 1087	256 REGISTRAR'S SIGNAT	Randall	

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FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

6

		REG. NO		
l,	AST	20. DATE OF DEATH MONTH	DAY YEAR	2b HOUR
D KL	UFT			1:58p. м
		6. AGE (IN YEARS LAST BIRTHDAY)		IF UNDER 24 HRS
	. 2, 1965 YEAR	22 YRS		HOURS MIN.
OUNTRY? 8				
WIDOWE	DIVORCED			MD
L, NURSING HOME (CIVE STREET ADDRESS) ALLEY NUTS:	ing Home		IZE. KIND C INDUSTRY Elec	tronic /
YORTOWN	134 INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CO	DE	nstallat: Rd.(2085
u f t	15. MOTHER'S MAIDEN NA	WE	LAS	
	17 INFORMANT		nac, Md.	20854
7-68-9769	Bettina Kluf			
CONSEQUENCE OF	14-14-0		APPROX BETWEEN	COMATE INTERVAL ONSET AND DEATH MONTHS
		20a AUTOPSY? 20b IF Y	YES, WERE FINDE	NGS USED
	21c. HOW INJURY OCCUR			,
	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
1980 0	SEPT 19 8 mg and that in (my) lower opinion	death occurred on the date and h	0/	that (I) [in] last causes stated
Do Mi		MEDICAL STAFF DIRECTOR PHYSICIAN	18 S	ENT 8
4 MB	2309 SHORE		WHEAT	0902
		23d LOCATION CITY OR TOWN	COUNTY	STATE
Adas Is	rael Cong.Cem	etery; Washingto	on, D.C.	
G MEMORIAL	CHAPELS 250 DA	TE REC'D BY REGISTRAR 256 REG	ISTRAR'S SIGNA	TURE
le. Md. 20	852 ISEF	41 1901 74		d
	D KL S. DATE (MONTH Feb OUNTRY? 8 MARRIE WIDOWN MICHOPERATION MARRIE WIDOWN MICHOPERATION MARRIE WIDOWN MICHOPERATION MARRIE WIDOWN MICHOPERATION MICHOP	S. DATE OF BIRTH Feb. 2, 1965 OUNTRY? S. MARRIED NEVER MARRIED MIDOWED DINORCED DI	D KLUFT September 18, 1 S. DATE OF BIRTH Feb. 2, 1965 COUNTRY? MARRIEC DEVER MARRIED MONTE CITY OR COUN MONTGOMERY PROPERTY OF COUN MONTGOMERY COUN MONTGOMERY COUN MONTGOMERY COUN MONTGOMERY PROPERTY OF COUN MONTGOMERY MODELE D KLUFT September 18, 1987 S. DATE OF BIRTH	

DHMH - 16 60M 7/84 (VRA 15, 4)

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SHAPPING SALES THE PROPERTY AND PROPERTY OF A SALES

A THE STREET AND THE STREET

Item 14.15 Film G632 10-23-87

per family

Elliott Knight-son-(same as 13e) APPROXIMATE INTERVAL PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [] YES [21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY and that in my (our) opinion death occurred on the date and hour and from the causes stated 22c DATE SIG DIRECTOR PHYSICIAN Metropolitan Crematory Alexandria 230 BURIAL, CREMATION, REMOVAL (SPECGremation 9-29-1987 Virginia 24 FUNERAL DIRECTOR Hines Rinaldi Funeral Home 250 DATE REC'D. BY REGISTRAR 250 REGISTRAD SEIGNATURE 11800 N.H. Ave., Sil. Spr. Md.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

28

IF UNDER ! YEAR

126 KIND OF BUSINESS OR

Self employed

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

066827 SEP	25	TATE REGISTRAR		DEPAR	MENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE REG. N	0.	9 / 9	
		CEASED NAME FIRST		MIDDLE	1	AST	20. DATE OF DEATH		DAY YEAR 2	h HOUR
noy be	(1177)	MICHELE	SU	JSAN	K	OGOD	SEPTEMBER	22,	1987	3:20 ам
Ter d	3. SE		4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIR	THDAY	STIBLET TERM	FUNDER 24 HRS
ecto rs a	F	EMALE	WHIT	ΓE		IL 29, 1968	19	YRS		MIN.
1,147	Wa	RTHPLACE (STATE OR FOREIGN COUNTRY) shington, D.C.	U.S.		WIDOWE		9. BALTIMORE CITY O			MD.
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filled in	13a S	AL RESIDENCE (IF NURSING HONE) TATE ARYLAND	AE OR OTHER INSTITUTION	13c. CITY OR TO	WN	13d INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CO		
RY1	14. FA	ATHER'S NAME FIRST	MIDDLE	LAST		15 MOTHER'S MAIDEN NA	AME		tast.	
W be de le		BERNARD		KOGOI		BONNIE			SCHIF	
be execution on the control of the c	(VAS DECEASED EVER IN U.S YES, NO OR UNKNOWN) (IF YE NO	. ARMED FORCES? S. GIVE WAR OR DATES)	218-02-9		MR. BERNARD	KOGOD (FAT		SAME AS A	
ST., BAL 3 physicia on poper emoval.		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA		PERICARD		MPORADE			APPROXIMA BETWEEN ON	ATE INTERVAL SET AND DEATH
es that the death certificate be executed within 24 hours and by the attending physician and completely filled in please remove corban paper. Pages 1 and 2 should be used, cremation, or removal.		Canditions, if any, which gave rise to immediate cause (a), stating the underlying couse last	(b)	R AS A CONSEQUENCE MY	ELOGEN	IOUS LEUKEMIA				
RDS, 20 equires - equires - n signed Then ple r to buric injury, a	NOI					NOT RELATED TO THE TERA OTHERAPY AND			IVEN IN PART Ita	
AL RECO	CERTIFICATION	190 DATE OF OPERATION	196. COND	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED	20e AUTOPSY? YES NO	IN CERT	ES, WERE FINDING FIFYING CAUSES O YES	
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The low requir offer this certificate has been sign of the buriol-transit permit. Then th and Mental Hygiene prior to b orked or frem a shows any injury orked or frem a shows any injury	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF EITHER, NOTIFY MEDICAL EXAM	F DEATH HOUR A.	.M. MONTH [.M.	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 16	3 PART I OR PART ?)	
NG PHY: offer this os the bu	MED	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	(AT HOME, ST	OF INJURY REET, FACTORY, OFFICE		211 LOCATION STREET	CITY OF TO		COUNTY	STATE
VITENDIA Sprital or CTOR: A for use of Heali		220.1 certify that (IX)this h saw the deceased alive abave, (IX)we) (did) (de-	ospital) attended the SEPT.	deceased from 22,	87	nd that in (Xy) (aur) apinion	death occurred on the de			atXII (we) last uses stated
AL OR A r the hor AL DIREC detached ate Dept. IT: If them		226. SIGNATURE	In Holle	ly		DEGREE ATTENDING PHYSICIAN [MEDICAL STAI	FF CIAN (276 DATE SI	
TO HOSPIT ro Funers should be a with the Str		224 PHYSICIAN'S NAME (T	Ch M. Hol	lenberg		22. ADDRESS NATIO CLINICAL CE	NAL INSTITU'NTER, BETHE	TES C	F HEALTH MD 2089	2
BP	23a B	BURIAL, CREMATION, REMO SPECIEV) Urial	236. DATE 9/23/			emetery or crematory vid Memorial	Gdn.; Falls	Chu	rch;Fairf	ax;Va.

DHMH - 16 60M 7/B4

(VRA 15, 4)

14 FUNERAL DIRECTOR DANZANSKY-GOLDBERG MEMORIAL CHAPELS 1170 Rockville Pike; Rockville, Md. 20852

HISTORY OF THE PROPERTY AND

STATE OF & AND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DEGEASED NAME MIDDLE 20. DATE OF DEATH MONTH 25 HOUR FAY KOSHELLE G. DATE OF BIRTH 3 SEX 4. RACE 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR # UNDER 24 MRS FEMALE WHITE 102 TO BIRTHPLACE (STATE OFFOREIGN 76 CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED MONTGO WIDOWED HOME OF GREATER WASHINGTON ROCKVILLE WOMEN 130.STREET ADDRESS / ZIP CODE 6121 MONTROSE ROAD YES X 20852 NOF 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME LEON FIRST GALKIN WALLACE HANNAH 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT CHEVY CHASE, MARYLAND NO NO OR UNKNOWN 113-09-9160A DOROTHY L. SHAPIRO. 6105 KENNEDY DRIVE 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o Canditions, if any, which gave rise to immediate cause (a), stating the

underlying couse CERTIFICATION 20b. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOXX YES | 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIFEITHER NOTIFY MEDICAL EXAMINER P.M 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE 220.1 certify that (1) (this haspital attended the deceased fram saw the decement glive on above, (I) (we) (did) add not) yiew the body after death. ond that in (my) (aur) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED DEGREE ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22e. ADDRESS

METROPOLITAN CREMATORY

DHMH - 16 60M 7/84 (VRA 15, 4)

old be detach

burial-transit p

24DONALDRINIARSTEIN HEBREW MEMORIAL FUNERAL HOME 232 CARROLL STREET, N. W., WASHINGTON, D. C.

9/30/1987

230 BURIAL CREMATION, REMOVAL

CREMATION

250 DAJE REC 3- BY 1887 RAR 250 REGISTERAR SON NOT THE

VIRGINTA

ALEXANDRIA.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIEIC ATE OF DEATH

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	418	FOR STATE REGISTRAR			DEPARTI		EALTH AND MENTAL HY	GIENE REG. NO)		1
		CEASED NAME	FIRST		MIDDLE		LAST	20 DATE OF DEATH	MONTH [DAY YEAR	26 HOUR
	17.11	. ,	Alvin	E	ugene	Kr	aus	Septembe	r 2,	1987	6:40p м
	3 SE)	x	100	4 RACE		S. DATE C		& AGE (IN YEARS LAST BIRT	HDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
	Male Je. BIRTHPLACE (STATE OR FOREIGN COUNTRY)			Caucas	ian		ist 7,1912	75	YRS	MONTHS DATS	HOURS MIN.
fa			RFOREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIED NEVER MARRIED		9 BALTIMORE CITY OF	9 BALTIMORE CITY OR COUNTY OF		
)	Texas		Unite	d States			Montgom	ery C	ounty	MD
À	10 CI	TY OR TOWN OF DE	ATH	11. NAME OF	HOSPITAL, NURSIN	IG HOME	OR OTHER INSTITUTION	12a USUAL OCCUPATION OF WORK FOR MOST OF		126. KIND O	F BUSINESS OR
	1	Potomac			Bronson		e	President		Com	nsurance
2	13a S	AL RESIDENCE (IF NUR STATE	136 COU	OTHER INSTITUTION	13c. CITY OR TOW	ADMISSION)	134. INSIDE CITY LIMITS?	13e STREET ADDRESS /	ZIP CODE		
-	_	Maryland	Mont	gomery	Potomac		YES NO X	9026 Bronso	n Dri	ve/208	54
7	14. FA	THER'S NAME		MIDDLE	ŁAST		15 MOTHER'S MAIDEN N	WIDDIE		LAS	π
-		Richard		alter	Krause		Maggie	May	1000	Woo	d
		VAS DECEASED EVEI YES, NO OR UNKNOWN) NO		MED FORCES?	467-03-2		Eugenia E. 9026 Brons	Kraus on Drive Pote		Maryla	nd 20854
		18 CAUSE OF DEA	TH (Enter or	ly one couse per	line for (a), (b), on	d (c).1	P		,	BETWEEN	MATE INTERVAL ONSET AND DEATH
		TAN BEATT		E CAUSE (o)	22274		(915,79m	a 0 / STO	sach	6	lucy
		400		DUE TO, O	R AS A CONSEOU	ENCE OF		1			
		Conditions, if any		(b)_				1/			
		cause (a), state underlying caus	ing the	DUE TO, O	r as a conseoul	ENCE OF					
	z	PART 2 OTHER SIG	NIFICANT	1-0	-0	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CONC	ITION GIV	EN IN PART TIE	1.001
-	TIO	M. DAYE OF OPEN	A TIONI		one o	00000000	10107 W	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	/ 12	extens !	74.35
2	CERTIFICATION	19a DATE OF OPERA	ATION	196 COND	IIION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NOXX	IN CERTIF	, WERE FINDIN YING CAUSES S	OF DEATH?
5	CER	21a. ACCIDENT WAS UN			FINJURY M. MONTH D	AV VEAD	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJUR	TIN ITEM IB P	ART I OR PART 2)	
7	AL	OR CONTRIBUTING		O PI	M. MONTH D.	19					
	MEDICAL	71d. INJURY OCCUP		21e. PLACE	OF INJURY		211 LOCATION	CITY OR TOY	uN.	COUNTY	STATE
	X	WHILE NOT W	ORK	(AT HOME, ST	REET, FACTORY, OFFICE F	ARM, ETC }	SINCE				3,410
1		22a.1 certify that (I	l) (this hosp	tal) attended th	e deceased from	. = 1	1-16-,1978		2-	19.87	that (I) (we) last
В		sow the deceo	sed plive on	t) view the body	olter death	, 01	nd that in (my) (our) opinion	n death occurred on the do	te and hour	and from the	causes stated
Е		226. SIGNATURE	1		# -		DEGREE			22c DATE	4
-		570	rotal.	11	e- /h	0	ATTENDING PHYSICIAN	DIRECTOR PHYSIC	IAN 🗌	Sept	erber
1		224 PHYSICIAN'S N	ME (TYPE C	R PRINT}	-		27e ADDRESS 6719	Wilson Lane	- 38.00		
		Steph	nen W	Dejter	, M.D.			esda, Maryla	nd		
		BURIAL, CREMATION	, REMOVAL	236. DASEp	tember 23c	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	JEE	COUNTY	STAIF
		Cremati	lon	3, 19		ntgon	nery Cremator	2			
	24 FL	NERAL DIRECTOR 1	Robert	da-Chew	phrey Fur	eral	Home/ 250 DA	ATE REC'D. BY REGISTRAR	56 REGIST	RAR'S SIGNAT	URE
	75	57 Wiscons	sin Av	enue Be	thesda Ma	rylan	d 20814 St	P 1 0 1987	Julia	Davidson.	Kandala

DHMH - 16 60M 7/84 (VRA 15, 4)

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FOR STATE REGISTRA

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYOTENE CERTIFICATE OF DEATH

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18	8 87	REGISTRAR				CERTII	TICALE OF DEAL	ın		REG. NO)		
		CEASED NAME	FIRST	,	MIDDLE		LAST		2a DATE OF	DEATH	MONTH	DAY YEAR	26 HOUR
	(III)	H	elen		В.	Kv	vedar		Septe	ember	16,	1987	3AM M
	3. SEX	X		4 RACE			OF BIRTH		6. AGE (IN YE	ARS LAST BIRT	HDAY	MONTHS DATE	
		Female		Cauca	sian	Feb		12	75		YRS		HOURS MIN
		RTHPLACE (STATE OR FO	REIGN	76. CITIZEN OF	WHAT COUN	TRY? 8	D NEVER MARR	NED 🗍	9 BALTIMO	RE CITY OF	COUNT	TY OF DEATH	
	I1	linois		United		es widow	ED DIVORC	CED 🗌	Moi	ntgome	ery (County,	MD
1	10 CT	TY OR TOWN OF DEAT	Ή		HOSPITAL, NU		OR OTHER INSTITUT	ION	12ª USUAL C				OF BUSINESS OR
2	_	evy Chase				Avenue,			Super			U.S	.Gov't
-	USUA 13a. S	AL RESIDENCE (IF NURSIN	IG HOME OF		GIVE RESIDENCE		\$ 13d. INSIDE CITY LI	IMITS?	13e STREET A			DE Zip:	20815
2			Mont	gomery	Chevy	Chase	YES NO	X	4515 T	Nilla:	rd Av	venue #	703S
7	14. FA	THER'S NAME		MIDDIE	LAS		15. MOTHER'S MA		AE .	MIDDLE			AST _
-		Anthony			utrim		Eva					Silis	K1
		VAS DECEASED EVER IN		MED FORCES? (E WAR OR DATES)		SECURITY NO.	17. INFORMANT			ADDRES			
	n	10			578	32 198	9 Mary B	utri	mawic	h, s	ee		
1	\$°00	18. CAUSE OF DEATH PART I. DEATH WA	(Enter or	D RV.								BETWEEN	XIMATE INTERVAL NONSET AND DEATH
				E CAUSE (0)	Respir	atory F	ailure					3-4	Days
						EQUENCE OF							
		Conditions, if any, gave rise to imme		(b)	Recurr	ent Lym	phoma					4 ye	ars
		cause (a), stating underlying cause		DUE TO, OI		EQUENCE OF						100	
				((c)		st Canc							ars
	z	PART 2 OTHER SIGNI	IFICANT (CONDITIONS CO	ONTRIBUTING	STO DEATH BUT	NOT RELATED TO 1	THE TERMI	NAL DISEASE	OR COND	ITION G	IVEN IN PART 1	(0
6	CERTIFICATION	19a DATE OF OPERATION	ON	19h CONDI	TION FOR W	HICH OPERATIO	ON WAS PERFORME	D	20a AUTO	PSY2	70h IF Y	ES, WERE FIND	INGS LISED
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1)		OR CONTRIBUTING CA		III .		DAY YEAR			71.016				
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	M	WHILE NOT WHILE	E	(AT HOME STR	EET, FACTORY, OF	FFICE, FARM, ETC.)	STREET			CITY OR TOV	VN	COUNTY	STATE
		22s I certify that (I) (I		tal) attended the	e deceased fr	om July	. 19	, 84	. to Se	pt		. 19 87	, that (I) (we) last
		saw the deceased above, (1) (we) (die	d olive on	Sept 8	witter all oth	19 87	nd that in (my) (aur)	opinion d	leath accurred	d on the do	te and ha	our and from the	e couses stated
		22b. SIGNATURE	1	/ // Body	III		DEGREE	***				22c DATI	ESIGNED
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1		224 PHYSICIAN'S NAM							Wester				
		Frederi	ck P.	. Smith,	M.D.				ngton,			015	
		BURIAL, CREMATION, R	EMOVAL	23b. DATE	987	23c NAME OF C	CEMETERY OR CREM		23d LOCA				
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	24 FL	UNERAL DIRECTOR RC BE 557 Wiscons	pert		phrey	Funeral	Home/	as med site		EGISTRAR		STRAR'S SIGNA	
	7.	557 Wiscons	in A	venue,	Betheso	da, Mary	land 2081	45EP	18 198	31 84	tra dia	widom. Kao	,

DHMH - 16 60M 7/84 (VRA 15, 4)

etained by the hospital or attending physician

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attendir should be detached for use as the buriol-transit permit. Then please remove conwith the State Dept of Health and Mental Hygiene prior to buriol, cremation, or IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFIC ATE OF DEATH

n R	TREGISTRAR	DEFA		ICATE OF DEATH	IENE	REG. NO.			
I. DEC	CEASED NAME FIRST	MIDDLE	L	AST	2a DATE OF	DEATH MONTH	DAY	YEAR	26 HOUR
(IIIE	Concettina		Land	ini		9	27	87	6:00A
3. SEX		4 RACE	S. DATE C	OF BIRTH	6. AGE (IN YEA	ARS LAST BIRTHDAY)	_	ER I YEAR	IF UNDER 24
	Female	Wht.	Oct	. 14 1964	82	YR			HOURS A
C	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTS	MARRIE	D NEVER MARRIED	9 BALTIMOR	E CITY OR COU			m/s I
-	Italy	USA	WIDOWE		12 1/2111	CCUBATION		ntgor	
u.CI	Olnev	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STI Montgomery Gen	REET ADDRESS]		TYPE OF WORK I	EOR MOSTOF WORKIN	IG LIFE) IN	DUSTRY	F BUSINESS
13a 5		OR OTHER INSTITUTION, GIVE RESIDENCE BE UNITY 13c. CITY OR TO Mt.Rait	OWN	134. INSIDE CITY LIMITS?	13e.STREET AI	DDRESS / ZIP CO		2	071
M.FA	ATHER'S NAME			15. MOTHER'S MAIDEN NAM					
)	Matteo	A Giant	nini	Rosaria		WIDDLE		ocar	
	WAS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCIAL SI	ECURITY NO.	17 INFORMAN1421 ST				a Be	each,
- Comment	YES NOOR UNKNOWN) (IF YES, G	578 46	7261D	Michael Lan	dini (S	Son)Flor	ida		
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FICATION	gave rise to immediate cause (a), stoting the underlying cause last	DUE TO, OR AS A COUSE (c) THE CONDITION FOR WH			INAL DISEASE	15 V 7 20h. 1F	YES, WER	E.FINDIN	
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DHMH - 16 60M 7/84 (VRA 15, 4)

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STATE OF MARYLAND

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	270	certify that (saw the decea abave, (1) (we)	ised dilive on	al) attended the	he deceased from, 123 19	1 . 01	nd that in (my) (aur) opinian	death occurred on the c	date and hour o		
		SIGNATURE	nea	Q'		1	DEGREE ATTENDING PHYSICIAN	MEDICAL STA			23187
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4					OLLINS, SILVER SI		MD 20901 250 ST	F 30 1987	1256 REGISTRA	AR'S SIGNA	

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TO FUNERAL DIRECTOR, After this certificate has been signed by the attending should be detached for use as the burial-transit permit. Then please remove corbinith the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar

retained by the haspital ar attending physician.

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DHMH - 16 60M 7/8

(VRA 15, 4)

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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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BETHESDA (IF NOT IN SUCH FACILITY, GIVE SIREET ADDRESS) NAVAL HOSPITAL USUAL RESIDENCE (IF NUBSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BETORE ADMISSION) 136. STATE 136. COUNTY MARYLAND MONTGOMERY SILVER SPRING VES NO IN SUCH FACILITY, GIVE SIREET ADDRESS / ZIP CODE 137. CITY OR TOWN 138. STREET ADDRESS / ZIP CODE 14. FATHER'S NAME FIRST MIDDLE KACIPZAWA 15. MOTHER'S MAIDEN NAME FIRST MIDDLE KACIPZAWA HAMO (Unava 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE METASTATIC SMALL CELL LUNG CANCER DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause METASTATIC SMALL CELL LUNG CANCER DUE TO, OR AS A CONSEQUENCE OF Underlying couse lost. (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 199. CONDITION FOR WHICH OPERATION WAS PERFORMED	MD. OF BUSINESS OR (al Office
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	STATE
27a certify that (1) (this haspital) attended the deceased from SEPTEMBER 26, 19.87, to SEPTEMBER 28, 19.87	that (1) (we) last
saw the deceased alive an SEPTEMBER 28 19 87 and that in (my) (our) apinion death accurred on the date and hour and from the	
obove, (I) (we) (did) (did not) view the body after death.	E SIGNED
ATTENDING MEDICAL STAFF A DO	Set87
THE PROPERTY OF THE PROPERTY O	3 1.3.
NAVAL HOSPITAL	
S. G. FELLOWES, LT. MC. USNR BETHESDA, MD 20814-5011 236. BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 23d. LOCATION	
(SPECIFY) CITY OR TOWN COUNTY	
DATE DECID BY DECISION DECISIO	STATE
P. O. Box 43352 Washington DG 20010	ia

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STATE OF MARYLAND

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYDIENE

FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I DECEASED NAME FIRST 25 HOUR UNDER I YEAR 6. AGE LIN YEARS LAST BIRTHDAY 3 SEX DAYS HERLINS MALE WHITTE 9 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED WASH. D.C. U.S.A. MONTGOMERY CO. WIDOWED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 176 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY ROCKVILLE - ROUS ARTIST USUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION 130 STATE 13c. CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? Md. MONTGOMER GERMANTOWN 13205 YES X DATRYMAID DR. 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE PATRICIA E. SOLANO DALE LEATHERY 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17. INFORMANT 213-56-1241 (SAME NO BRADLEY S. LEATHERY TTEM APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),)
PART I. DEATH WAS CAUSED BY Gastnormestral Bleeding 1 day IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 Melletus, Renal Fachine, 45 VER Failure 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NON YES [21a ACCIDENT WAS UNDERLYING 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC 1 WHILE NOT WHILE July 27a.1 certify that (1) (this hospital) attended the deceased from September 5 1987 saw the deceased alive on september 5 above, (I) (we) taid) (did not) view the bady after death , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE 224 DATE SIGNED 27b. SIGNATURE ATTENDING MEDICAL STAFF September 5.1457 PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 77e ADDRESS BARRY HECHE 3941 FERNARA DRIVE- WHEAPON, MAYLUND 20406 23¢ NAME OF CEMETERY OR CREMATORY 23a BURIAL CREMATION, REMOVAL 23b DATE RIVERDALE, CHAMBERS CREMATORY Md.

DHMH - 16 50M 4/83

BP

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IMPORT

FE

W. W. CHAMBERS CO. INC. (VRA 15. 4)

24 FUNERAL DIRECTOR

CREMATION

CERTIFICATION

MEDICAL

SILVER SPRING, Md.

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

P.G.C.

STATE OF MARYLAND

6

1 6 SEP	- FOR BY REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYD CERTIFICATE OF DEATH	REG. NO.	
	ECEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH D	Zu HOOK A
	Edward	Reese	LeCompte	1 .	2 87 8:00 M
3. SI	EX	4. RACE	5 DATE OF BIRTH	M	FUNDER TYEAR FUNDER 24 HRS.
1	Male BIRTHPLACE ISTATE OR FOREIGN	White 7b. CITIZEN OF WHAT COUNTRY?	March 5, 1918	69 YRS.	OF DEATH
La	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Saryland	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	Montgomery Co	
10.	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION ADDRESS, Nursing Home	120 USUAL OCCUPATION 1179E OF WORKING LIFE A YMY MAD SOLV	12h KIND OF BUSINESS OR
D WS	JAL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION) N 13d INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIP CODE 900 S. Talbot	21163
35	Edward R	MIDDLE LeCo	ompte Ida FIRST	ME	Leo'fiard
P P	WAS DECEASED EVER IN U.S. AR (1858 NO OR UNKNOWN) (18765, GP W • W	MED FORCES? 166 SOCIAL SECU REWARD DATES) 220-05-	RITY NO. 17 INFORMANT Christine 815924432 Club	e Schuchardt (d View Dr. Damas	laughter) cus, Md20872
event, 15	18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSE	nly ane cause per line lar (a), (b), and D BY:			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIA	TE CAUSE 10) Prehmini			days
Name of the state	Conditions, if ony, which	DUE TO, OR AS A CONSEQUE			Years
y, ar amer	gove rise to immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUE	ENCE OF DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIVE	N IN PART Ito
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		WERE FINDINGS USED ING CAUSES OF DEATH?
-/ 4	210 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE			RED (ENTER NATURE OF INJURY IN ITEM TS PA	RTT OR PART?)
MEDICAL	21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	21st PLACE OF INJURY LAT HOME STREET, FACTORY, OFFICE, F	ZII LOCATION	CITY OR FOWN	COUNTY STATE
W W	saw the deceased alive ar	at) view the body after death.	, and that in (say) (our) opinion	death occurred on the date and hour	9 17 , that th (we) last and from the causes stated
II: If Item	By D.	Johnson		MEDICAL STAFF DIRECTOR PHYSICIAN	276 DATE SIGNED 9/12/87
IMPORTANT 132	BYRL D. JO	HUSON	911 N. Rus	sell Ave. Eaithers	burg Md. 20879
≤ / 230	BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation	, ,	NAME OF CEMETERY OR CREMATORY tropolitan Crem		COUNTY STATE Virginia
4/83	FUNERAL DIRECTOR Whee 331 Rockville	eler Funerallen Pike Rockvill	1e, Inc. 20852 SE	TE REC'D. BY REGISTRAR 256. REGISTR	Deviden Randole

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 065730 SER MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO 2a. DATE KNOWN CTYME OF PRINCE OF ESTI-DEATH MATED IF UNDER 24 HRS DATE LAST BIRTHDAY NOUNCED 0 DEAD L CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Finland USA WIDOWED A DIVORCED ID CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME. BUSINESS S AFTER DEATH.

GIVE PAGES 1, 2, AND

JITH FORM PM 3, RETA

JITH FORM PM 3, RETA

PAGES 1 AND 2 \$HOUED

RECOLUMN OF WITH RECO JSUAL RESIDENCE (ILAN PURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 3a. STATE 13b. COUNTY 34 INSIDE CITY LIMITS? 4 FATHER'S NAME 15. MOTHER'S MAID FIRST Kalle MIDDLE MIDDLE (unknöwn) Simila Alma 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 7 INFORMANT 166 SOCIAL SECURITY NO. ADDRESS DATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAR CROWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FOR OR, PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT. PAGES 1 HE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION (ND, 21201 PRICETO BURIAL, CREMATION, OR REMOVAL. N/ANO, OR UNKNOWN) (IF YES, GIVE WAR ON DATES) 470-12-2076 Delbert Lehto-son-(same as 13e) 18 CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10. CERTIFICATION 19a, DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? MA YES 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN-ITEM T8 PART T OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 21f LOCATION AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFIRE DEATH, WITH THE STINBALLIMORE, MARYLAND, 2 220. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion Natural causes death resulted fram: Homicide ___ Undetermined manner ACTUAL SIGNATURE MEDICAL EXAMINER John S. Rogers, DME EXAMINER'S NA

BP **DHMH - 17** (VR A15 ME (5))

07/84

25AA

24 FUNERAL DIRECTOR Hines/Rinaldi Funeral Home

23a. BURIAL, CREMATION, REMOVAL 23b DATE

Burial

TYPE OR RIN

9-13-1987 11800 N.H. Ave.

236 NAME OF CEMETERY OR CREMATORY Metropolitan Crematory

Silver Spring, Md

23d LOCATION Alexandria

Virginia

250. DATE REC'D. BY REGISTRAR 1856 REGISTRARIS SIGNALING

ADDRESS 1919 Seminary Rd., Silver Spring, Md.

066210 SEP

page 3

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FOR

TATE REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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E OF DEATH MONTH	DAY	YE - S	AR 37	26 HOL	30 A
(IN YEARS (AST BIRTHDAY) YRS.	MONT	MS I	YEAR DATS	HOURS	AIN.
mare city or count	0	0			MD
UAL OF CUPATION FOR MOST OF WORKING LI		NDUS	STRY	ATIC	
EET ADDRESS / ZIP COD VIERLING			2	0904	
AGNES	C	RO	(ASI		
ADDRESS					

20 DA I. DECEASED NAME MIDDLE TOHN LEMBACH (TYPE OR PRINT) 6 AGE 4 RACE 5 DATE OF BIRTH 3 SEX MONTH YEAR CAUCASIAN TO. BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALT NEVER MARRIED MARRIED X COUNTRY U.S.A. WIDOWED DIVORCED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 120 US (TYPE O PRO USUAL RESIDENCE IN NURSING HIGHE OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 130. STATE 136 COUNTY 13C. CITY OR TOWN 13e STR 13d INSIDE CITY LIMITS? Md. SILVER SPRING MONTGOMERY YES X 22 NO [15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE LAST FIRST FIRST MARY MICHAEL ANTHONY LEMBACH 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT LYES. NO OR UNKNOWNS LIF YES, GIVE WAR OR DATEST YES WWI 521-40-9428 LEMBACH SAME APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (O) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. or on ar THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I to CERTIFICATION 20h. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO [NON 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) 21a ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER 19 211 LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE STREET AT HOME STREET FACTORY OFFICE FARM, ETC.) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased fram SE saw the deceased alive an State obove. (I) (we) Taid (did not) view the bady after death and that in (my) (our) opinion death accurred an the date and hour and from the couses stated DEGREE 22¢ DATE SIGNED 22b. SIGNATURE MA ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OF PRINT) FENTUNST, SILVER SPANG MI 23a BURIAL, CREMATION, REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY 234 LOCATION CREMATION CITY OF TOWN STATE CHAMBERS RIVERDALE CREMATORY P.G.C. Md.

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DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR

W. W. CHAMBERS CO. INC.

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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POLYMEN P-13-104 METHOD SIXINGE SERVICE, 14.5. METHOD WE WAS A SERVICE WAS A SERVICE OF THE SERV

064886 SEP

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

B 187	FOR STATE REGISTRAR			DEPARTI		EALTH AND MENTAL HYG ICATE OF DEATH	REG. N		0		6.4	
	CEASED NAME	FIRST		MIDDLE	L/	AST	20. DATE OF DEATH	MONTH	DAY	YEAR	26 HOUR	
		Mitche		M.		Lenox		0.5	01	87	12:10AM	
3. SE)	MALE	· ·	RACE WHI!	re .	S. DATE O	.12, 01922 YEAR	6. AGE (IN YEARS LAST BE	YRS.		IF UNDER LYEAR IF UNDER 24 HRS		
	RTHPLACE ISTATE OR COUNTRY)	FOREIGN 7	b. CITIZEN OF USA	WHAT COUNTRY?	8 MARRIEI WIDOWE	NEVER MARRIED	9 BALTIMORE CITY 9 Montgo		TY OF D	EATH	MD	
	Olney	ATH I	1. NAME OF	HOSPITAL, NURSING FACILITY, GIVE STREET	NG HOME C	R OTHER INSTITUTION	STEAM FITT	ION	LIFE) 12		OF BUSINESS OR	
130. N	AL RESIDENCE (IF NUR	13b MONT	OTHER INSTITUTION	GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	1481251 19855S	GATE	DETER	RR. 2	20906	
14 FA	Michael		NODLE	Lenox		15. MOTHER'S MAIDEN NA/ Minni [®]	ME	Rite	nour	LA	51	
	VAS DECEASED EVER YES, NO OR UNKNOWN) Yes		WAR OR DATES)	229-18-		VERA M. LENO	SAME AS		3			
N.	18 CAUSE OF DEAT PART I. DEATH V	TH (Enter only VAS CAUSED IMMEDIATE	BY:	inflation, the or	In ar	no offi	lens				ONSET AND DEATH	
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CERTIFICATION	19a DATE OF OPERA	TION	196 COND	196 CONDITION FOR WHICH OPERATION WAS PERF			YES NO X YES NO					
1	210. ACCIDENT WAS UN OR CONTRIBUTING	CAUSE OF DEAT	n	DE INJURY .M. MONTH D .M.	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	URY IN ITEM I	B PART 1 C	OR PART 21		
MEDICAL	21d INJURY OCCUR	RED	21e PLACE	OF INJURY REET, FACTORY, OFFICE,	211. LOCATION STREET	7	nwd		YINUO	STATE		
	22a. I certify that (I) (this hospital) extended the deceased from											
	278. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSI									DATE OF	1,199	
	The own	AME ITYPE OR	Dosley	lup		OLWBY MA	MY CAND	201	BILL	4	11	
	BURIAL, CREMATION (SPECREMATIO)	, removal N	SEPT.			WASH. CREM.	23d LOCATION CHYOR TOWN LAUREL	P.GE			STATE	
	UNERAL DIRECTOR	BARBER	LAYTO	ONSVILLE,	MD. 2		e rec'd. By registra 4 1987	R 256 REGI	- 8	0.00	Lus	

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNETAL DIRECTOR: After this certificate has been signed by the ottending physicion and complete shaining te detached for use as the buriol-transit permit. Then please remove corbon papers. Pages 1 and 2 with the first

offending physicion.

TO HOSPITAL OR

BP.

injury, or other troumotic event, th

IN COTANT: If them 21 is marked or them 18 shows any

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

085890 56P FEISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG.	

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poge 3		PRINT) ANNA	WIDDLE	L'Â	EVINE	SEPTEMB	ER 8,	1987	10:45 p.		
s ofter de	3 SEX	EMALE	4 RACE WHITE	SEPTE	MBER 15 1897	6 AGE (IN YEARS LAST BIR	YRS.		HOURS MIN.		
thin 72 hours dot once.		RTHPLACE (STATE OR FOREIGN	16 CITIZEN OF WHAT COUNTRY?	WIDOWE							
by the fulled with	Wt	Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN UNIVERSITY "NURSI	NGESSE (CONVALESCENT						
must be	13a. S	TATE 13b COU	ROTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 13. CITY OR TOW KENSING	N	YES X NO	13e STREET ADDRESS	ZIP CODE NNECTI	CUT AL	JENUE		
and 2 sh	14 FA	THER'S NAME ARRY	MIDDLE KODISH		15. MOTHER'S MAIDEN NAM	MIDDLE			AINABLE)		
Poges medical	160 M	(AS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECU IVE WAR OR DATES! 058-09-4		CK COURT ING MARYLAND						
republication of the second of		PART I. DEATH WAS CAUS	DUE TO, OR AS A CONSEQUE	CA ENCE OF	nces			a services	MARTE INTERVAL ONSET AND DEATH		
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ol-tronsit ntol Hygie em 18 sho	_	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	EATH HOUR A.M. MONTH D	AY YEAR	ZIC HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	IRY IN ITEM 18 PART	1 OR PART 2)			
s the burn ond Mer	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	210 PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, I	FARM ETC }	211 LOCATION STREET	CITY OR TO	NWO	COUNTY	STATE		
CTOR Androne of Health		sow the deceased alive of	pital) attended the deceased from 19 not) view the body after death	87.0	nd that in (my) (companion	death occurred on the d	ond hour o	nd from the	that (It families)		
detached detached tate Dept.		ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIA									
hould be with the S		DR. WALTER	E. GOOZH, M. D.		WHEAT	SHOREFIELD <u>ON, MARYLAN</u>		1.1	25-K		
- 455		BURIAL, CREMATION, REMOVA BURIAL		OUNT I	EMETERY OR CREMATORY LEBANON CEMETE	RY ADELPHI	, PR. G	EO. M	ARYLAND		
16 60M 7/84 A 15, 4)			HEBREW MEMORIAL EET. N. W., WASHI		D. C. SE	TE RECID. BY BEGISTRAL	CO RECOVER	Bearing for	*UKE		

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65363 SEP 14		REGISTRAR				CERTIF	ICATE OF DEATH	14 1	REG. NO.	45			
noy be a death	L. DE	CEASED NAME ORPRINT)	M A	na	MIDDIE Kua:	n L	AST Li	20 DA	TE OF DEATH MO	ST DAY	YEAR	05/L M	
schoi po	3. SE	Y Femake		A RACE	Asian	S. DATE O			(IN YEARS LAST BIRTHD	AY] IF L	10.011	IF UNDER 24 HRS. HOURS MIN.	
Poor n 72 hound dire	70 BIRTHPLACE STATE OR FOREIGN COUNTRY) China			76. CITIZEN OF WHAT COUNTRY?			MARRIED NEVER MARRIED WIDOWED NOVORCED		9 BALTIMORE CITY OR COUNTY OF DE Montgomery			DEATH MD.	
s ofter of		ITY OR TOWN OF DEAT Gaithersbur	DEATH II. NAME O		F HOSPITAL, NURSING HOME COUCH FACILITY IGIVE STREET ADDRESS)			12a US				126 KIND OF BUSINESS OR	
AND 212	USU 130.	AL RESIDENCE (IF NURSING HOME OR OTHER STATE NY Queens					134. INSIDE CITY LIMIT	15? 13e ST	136 STREET ADDRESS / ZIP		P CODE 11354		
MARYLA MARYLA ond 2 shu	#4. F/	THER'S NAME FIRST Wenchuan	^	AIDDIE	tast Li		15 MOTHER'S MAIDER Shoujuer		MIDDLE	VII.	Shen		
MORE, nond to popes I medical		NAS DECEASED EVER IN YES, NO OR UNKNOWN)		MED FORCES?	166 SOCIALS	0-0939	17 INFORMANT Frances I	i 4805	ADDRESS Drummond	MID C		Chase,	
		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), opd (c)) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate											
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., ING PHYSICIAN: The low requires that the death certifications physician. When this certificate has been signed by the attending plass the burial-stonsis permit. Then please remove corbons the and Mental Hygene prior to burial, cremation, or remorked or them 18 shows any injury, or other traumatic even	CATION	couse (a), stoting underlying couse PART 2. OTHER SIGNI 19a DATE OF OPERATIO	FICANT C	(c) ONDITIONS <u>C</u>		TO DEATH BUT	NOT RELATED TO THE		AUTOPSY? 7	Ob IF YES, W	ERE FINDING	GS USED	
N OF VITAL RE SICIAN: The ic ag physicion. certificate hos mol-tronst per entol Hygiene item 18 shows	CAL CERTIFICATION	210. ACCIDENT WAS UNDER	USE OF DEAT	1		DAY YEAR	THE HOW INJURY OF		ON D	YES [_	NO	
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the hospital y the hospital ALD DIRECTOR. detached for us one Dept of Hem. 21 is		saw the deceased above, (1) (we) (did ??b. SIGNATURE	olive on_di (did not	view the	Cotani dhuth.	2/	nd mot in (my) (aur) op DEGREE ATTENDIN PHYSICIA	NG MED				ouses stated	
O HOSPITA etained by 11 TO FUNERAL should be det with the Store		22d. PHYSICIAN'S NAA	FO	ing h			1		nston D	1#	206 K	Ock ville	
799619		BURIAL, CREMATION, RI		9/9/	87	Gate o	EMETERY OR CREMATO	em	Silver Sp			STATE	
DHMH - 16 60M 7/84 (VRA 15, 4)	24 F	UNERAL DIRECTOR JO 5130 WI A					250	SEP 1	BY REGISTRAR 14		der Be		

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GISTRAR I. DECEASED NAME (TYPE OR PRINT)

3 SEX

STATE OF MARYLAND DEPARTMENT OF HEA

5. DATE OF

MONTH

CERTIFIC

13d. INSIDE CITY LIMITS?

NO

15 MOTHER'S MAIDEN NAME

YES X

LTH AND MENTAL WY ATE OF DEATH	GIEÑE REG. NO.		
.iPoV	20. DATE OF DEATH MONTH	DAY YEAR - 87	8 PM
BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 14 HRS
DAY YEAR 12 06	80 YRS.	MONTHS DAYS	HOURS MIN.
	RAITIMODE CITY OF COUNT	Y OF DEATH	

White 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY U.S.A. Russia WIDOWEDXX DIVORCED [CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) burban

12b. KUND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Sign Painter (Ret.) Giant Food 6121 Montrose Road (20852)

13a. STATE 136 COUNTY Rockville Maryland Montgomery 4 FATHER'S NAME Isadore Lipov

(IF YES, GIVE WAR OR DATES)

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

Conditions, if any, which gove rise to immediate couse (a), stating the

underlying cause last.

190 DATE OF OPERATION

(YES, NO OR UNKNOWN)

No

CERTIFICATION

SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

MIDDLE FIRST Greenberg Anna Md. 20832 17. INFORMANT ADDRESS Barry Lipov; Son; 18020 Overwood Drive; Olney,

18 CAUSE OF DEATH (Enter only one couse per the for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (O DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

16b. SOCIAL SECURITY NO

579-05-0352

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR

9/13/87

206. IF YES, WERE FINDINGS USED 20a AUTOPSY? 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOX YES [NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2

21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

211 LOCATION CITY OF TOWN

WHILE NOT WHILE 22a | certify that (1) (the hospital) attended the deceased from 10 saw, the deceased alive on

and that in (my) (aux) apinion death occurred on the date and hour and from the causes stated

22d. PHYSICIAN'S NAME (TYPE OF PRINT)

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

221 DAJE SIGNED

STATE

COUNTY

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

ALAN CHANALES, M.D.

15225 Shady Grove Road, #205; Rockville, Md20850

23a. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

23c. NAME OF CEMETERY OR CREMATORY Mt. Lebanon Cemetery

DEGREE

M.D.

Adelphi; P.G.; Maryland

DHMH - 16 60M 7/84

0

(VRA 15, 4)

BP.

24 FUNERAL DIRECTOR DANZANSKY-GOLDBERG MEMORIAL CHAPELS 1170 Rockville Pike; Rockville, Md. 20852 Dunder.

107-101 (6673) ANG ALL ALL MANAGEMENTS CONTRACTOR OF THE PROPERTY OF THE STREET OF THE STREET OF THE STREET OF MITTER THE WELLEST WELL STORY Philipping a series of the ser THE PERSON AND THE PROPERTY OF THE PROPERTY OF THE PARTY construction of the same of the

REGISTRAR

I. DECEASED NAME

LIYPE OR PRINT)

DEPARTMENT CE

LAST

STA	TE	OF	M	ARYL	AND	0 7	
OF	HE	AL	TH	AND	MENTAL	HYGIENE	
RTI	F	CA	TE	OF	DEATH		

IF UNDER I YEAR

26. HOUR

1:57

12b KIND OF BUSINESS OR

SCHOLTEN

APPROXIMATE INTERVAL

22c. DATE SIGNED

PR. WILLIAM, VIRGINIA

dia Divideon Pandale

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

22069

SAME AS ABOVE

IF UNDER 24 HRS

20 DATE OF DEATH MONTH

KIMBERLY ANN LYNCH SEPTEMBER 22, 1987 4. RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) 3. SEX FEMALE WHITE MONTH DAY NOVEMBER 13, 1967 19 7a. BIRTHPLACE 9 BALTIMORE CITY OR COUNTY OF DEATH STATE OF FOREIGN 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED GEORGIA U.S.A. MONTGOMERY COUNTY, WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFET BETHESDA NIH CLINICAL CENTER USUAL RESIDENCE | IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130 STATE 135 COUNTY 136 CITY OR TOWN (4189 Misty Ridge Dr. 13e STREET ADDRESS / ZIP CODE 113d. INSIDE CITY LIMITS? PR. WILLIAM 4189 RIDGE DRIVE VIRGINIA HAYMARKET 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST FIRST ROBERT D. LYNCH RUTH 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT I YES. NO OR UNKNOWN) LIF YES GIVE WAR OR DATEST 255-88-7061 MR. ROBERT LYNCH (FATHER) 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: Kespiratary tailand IMMEDIATE CAUSE (0) Malignet Please etterions & lymphrythe opreal Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last per plus neuraepothiliono. CERTIFICATION MUMP. 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOX 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIF EITHER NOTIFY MEDICAL EXAMINER) P.M 214 INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OF TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC) STREET WHILE NOT WHILE 220.1 certify that (X (this haspital) attended the deceased from. saw the deceased alive on SEPT, 22. and that in (nk) (our) opinion death occurred on the date and hour and from the causes stated DEGREE MEDICAL ATTENDING PHYSICIAN DIRECTOR PHYSICIAN MPORTANI 22e ARATIONAL INSTITUTES OF HEALTH M220. MA BETHESDA, MARYLAND 20892 23c NAME OF CEMETERY OR CREMATORY 23e BURIAL, CREMATION, REMOVAL 23b DATE STONEWALL MEMORGARDENS

8521 Sudley Rd. Manassas, Va.

9-24-87

DHMH 16 60M 7/84 (VRA 15, 4)

HY

the b

BURIAL

24 FUNERAL DIRECTOR

PRESTON ST

DIVISION OF VITAL RECORDS, 201

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYDIENE

REGISTRAR		CERT	FICATE OF DEATH	REG. NO	38
DECEASED NAME	FIRST	MIDDLE	LAST	19 DATE OF DEATH MON	TH DAY YEAR 26 HOUR
	Morgan	Shenee	Lynch	Sept	11 07 0725
3 SEX	4 RACE	S.DATE	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY	IF UNDER EYEAR IF UNDER 24 HRS
Female	10	ack sy		0	YRS 0 0 3 19
70 BIRTHPLACE (STATE	OR FOREIGN 76 CITIZEN	OF WHAT COUNTRY? 8 MARR	IED NEVER MARRIED	9 BALTIMORE CITY OR CO	OUNTY OF DEATH
That	U	WIDOV	VED ONORCED	montgo	more "
Silver Spr	ings Ho!	OF HOSPITAL, NURSING HOME SUCH FACILITY, GIVE STREET ADDRESS)	tospital	(TYPE OF WORK FOR MOST OF WO	RKING LIFE) HIN KIND OF BUSINESS OF NODE
130. STATE	Montgomer	y Burtonsville	136 INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIF 2824 Cabin	Creek Drive 20866
14 FATHER'S NAME FIRST VCTCO	/ MIDDLE	Linch	Veronica	MIDDLE	Crawförd
	ER IN U.S. ARMED FORCE		17 INFORMANT	ADDRESS	
No	No	None	Vernon S. Lyi	nch III(father) s	same as 13e
18 CAUSE OF DE	ATH (Enter only one couse	per fine for (a), (b), and (c)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH	I WAS CAUSED BY	Asphyxian	Jeona Jorua		4503
	immediate at the position of t	OR AS A CONSEQUENCE OF	Head D'S	MINAL DISEASE OR CONDITION	My Hh,
190 DATE OF OPE	S. Se Indico	ndition for which operation	ON WAS PERFORMED	IN IN	LIF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?
21g ACCIDENT WAS	LINDERLYING TO 215 TIM	E OF INJURY	1214 HOW INTURY OCCUR	RED ENTER NATURE OF INJURY IN	YES NO
OR CONTRACTOR	CAUSE OF DEATH HOUR	A.M. MONTH DAY YEA	R	MED P (ENTER NATIONE OF MIJON IN	TEM 10 YAM YOM YAM 17
(IF EITHER NOTIFY M 21d. INJURY OCCI WHILE NOT AT WORK	URRED 21e PLA	P.M. 19 CE OF INJURY E STREET FACTORY, OFFICE FARM, ETC 1	TH LOCATION	CITY OR TOWN	COUNTY STATE
	(I) (this hospital) attended	the deceased from	91/ 100/	10 9-11	19 that (I) (we) la
sow the dece	eosed plive on September (did) (did not view the b	11 19-57	and that in (my) (our) opinion	death accurred on the date of	and hour and from the causes stated
226 SIGNATURE	relion	w.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	
ma		n. Chon	Holy Chos	ss Hognita	Sil ver Sprin Maryla nd
BURIAL, CREMATIC	9/16	/87 Gate o	cemetery or crematory f Heaven Cemet		oring, Maryland Maryland
1331 Rock	Tyson Wheel wille Pike, Ro	er Funeral Home ckville, Md. 208	e, Inc. 250. DA	TE REC'D. BY REGISTRAR 256 FP 1 8 1987	REGISTRAR'S SIGNATURE

DHMH - 16 60M 7. (VRA 15, 4)

TO HINGE ALD DIRECTOR, After this certificate has been input in the detached for use as the buriol-transit permit.

ATTENDING PHYSICIAN: The

med the thospital or attending physician

BP.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAUHYGIENE CERTIFICATE OF DEATH

REGISTRAR		CERTIFICA	CIL OI DERIII	REG. NO).		
I DECEASED NAME FIRST	MIDDLE	LAST		20. DATE OF DEATH		DAY YEAR	2b. HOUR
WILLIA		e _7/	IN SR	September		1987	10:55A _M
3. SEX	4 RACE	5. DATE OF B		6 AGE (IN YEARS LAST BIRT	HDAY)	MONTHS DATE	IF UNDER 24 HRS
Male	White	Januar	y °26, †90€	81	YRS		Mild.
	76, CITIZEN OF WHAT COUNTRY?	8 X	NEVER MARRIED	9 BALTIMORE CITY OF	-		
Virginia	U.S.A.	WIDOWED	DIVORCED [Montgomer	y Co	ounty	MD
Takoma Park	NAME OF HOSPITAL, NURSIN Washington Adv	entist		170 USUAL OCCUPATION OF WORK FOR MOST OF Manager			of Business Or Vay Store
USUAL RESIDENCE (IF NURSING FOME ORG 130 STATE Waryland P.G.	OTHER INSTITUTION, GIVE RESIDENCE BEFORE TY Hyattsvil	1136	INSIDE CITY LIMITS?	6512 8th A	zıp cob venu	e 2078	3
N FATHER'S NAME William Alex	kander Lynn		Anna	M.		Fan	it
WAS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIAL SECU 577-05-1		illiam M. L	ynn, Jr. Se			21144
PART I. DEATH WAS CAUSED	y ane cause per line far (a), (b), and DBY: E CAUSE (a) RESPIRA 7		ARREST			APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
	DUE TO, OR AS A CONSEQUE (b) ASPIRE DUE TO, OR AS A CONSEQUE 1c) STR ONDITIONS CONTRIBUTING TO D	ATION ENCE OF B	PNUEMON		DITION GI	VEN IN PART 11	a
19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH	OPERATION W	AS PERFORMED	20a AUTOPSY? YES □ NO	IN CERTI	S, WERE FINDI IFYING CAUSES ES	NGS USED S OF DEATH?
TO ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF ETHER, NOTIFY MEDICAL EXAMINER) WHILE NOTIFY MEDICAL EXAMINER WHILE NOTIFY MEDICAL EXAMINER AT WORK AT WORK		NY YEAR	LOCATION STREET	RRED (ENTER NATURE OF INJUR CHY OR LOV		PART I OR PART 2}	STATE
270. I certify that (I) (this hospite sow the deceosed alive anabove, (I) (we) (did) (did not 27b. SIGNATURE	5695 18 19	JAN 7, and th	REE ATTENDING	n death occurred on the da	F	ur and from the	
Dr. Mark K.			PHYSICIAN ADDRESS			onton.	Md 200
230 BURIAL, CREMATION, REMOVAL	•		TERY OR CREMATORY	sity Blvd. W	. WIT	leaton,	WG. 209
(SPECIFY) Burial			Cemetery	CHY COTOWN		P.G.	Maryland
Francis Gasch's So 4739 Batlimore Ave	ons Funeral Hom	e, P.A Md.	20781 SE	P 24 1987		TRAR'S SIGNAT	^

DHMH - 16 60M 7/8 (VRA 15, 4)

BP.

IMPORTANT # IN

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the profession of a real property and

STATE OF MARYLAND

067708 OCT-	6 8	FOR STATE REGISTRAR		DEPARTI	MENT OF HEALTH AND MENT CERTIFICATE OF DEAT		NE REG. N	2 6 9	0 0	
		CEASED NAME FIRST		MIDDLE	LAST		20. DATE OF DEATH	MONTH DAY YE	AR 26 HOUR	
noy be poge 3		Margar	garet Virginia Lyon				9-14-87		2:10 A.M	
mo)	3. SE		4 RACE		5 DATE OF BIRTH		AGE (IN YEARS LAST BIR			
90 000		female	whi	te	Feb. 24, 190	03	84	YRS	DATS HOURS MIN.	
2 42 6 2	70 B	RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	MARRIED NEVER MARR	RIED 5	BALTIMORE CITY O	R COUNTY OF DEAT	TH .	
		Virginia	U.S.	.A.	WIDOWED DIVORC		Montgome	ry Count	Y MD.	
T 1990	L	Rockville	Natio	ch facility, give street onal Lut	ADDRESS) ADDRESS) Neran Home	TION	120 USUAL OCCUPATION OF OWNER OF MOST CONNER	ON 126 KI INDUS	ND OF BUSINESS OR STRY OCETY Store	
AND 215	130.	AL RESIDENCE (IF NURSING HOME STATE est Va. 136 CO Be	or other institution unity rkeley	1134 CITY OF TOW		IMITS?	600 W.Va	ZIP CODE Avenue	99999	
MARYL Market	14. F	Walter	B. S	Stine	Mary Mary		izabeth	Noak	es	
BALTIMORE. ote berrecksisses and repervol. t, th implication	16a \	VAS DECEASED EVER IN U.S., YES (NOOPUNKNOWN) (IF YES	ARMED FORCES? GIVE WAR OR DATES)	16h SOCIAL SECU 248-48-	0025 Rev.Ric	chard	Reichar	d 376 ½	eirs Md:	
find the contract of the contr		18 CAUSE OF DEATH "Enter PART I. DEATH WAS CAU IMMED	ATE CAUSE (0)	V	seuce.	Col	laps	e Bei	PPROXIMATE INTERVAL WEEN ONSET AND DEATH	
W. PRESTON ST not the death cert by the ottending I sse remove corbon i, cremotion, or rer other troumatic ev		Conditions, if ony, which gave rise to immediate cause iol, stating the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF								
RDS, 201 equires th a signed to the plea	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/0								
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requir to thending physicion. ther this certificate has been sig os the buriol-tronsit permit. Then th and Mental Hygiene prior to b orked or them 18 shows any injury	CERTIFICATION	190 DATE OF OPERATION	196 CONE	DITION FOR WHICH	ON FOR WHICH OPERATION WAS PERFORMED			20b. IF YES, WERE F IN CERTIFYING CAI YES	INDINGS USED USES OF DEATH? NO	
I OF VIT		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I	DEATH HOUR A	DE INJURY M. MONTH D. M.	21c. HOW INJURY	Y OCCURRE	D (ENTER NATURE OF IN)UI	RY IN HEM 18 PART I OR PAI	et 2)	
OIVISION OITE THIS OF THE BUTTEN OF THE BUTT	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY	ARM ETC) 211 LOCATION STREET		CITY OR TO	wn coun	TY STATE	
XTTENDIA Spritol or CTOR: A for used of Heolit		sow the deceased alive above, (1) (was hordered)	on Do sut	. /3 19	Man / O , 19	9 8 2) opinion de	oth occurred on the de	ote and hour and from	that 1) (we) last m the couses stated	
AL DIRECTOR OF COLUMN 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		228. SIGNATURE TO M. Com DEGREE ATTENDING MEDICAL STAFF 9-14-87								
TO HOSPIT etoined by TO FUNER should be with the Ste		HAROLD	E OR PRINT)	M! CA	NN 4362	26-	HH-N	· Orling	elin Va 220,	
D = 7.2 3 3.	23a.	BURIAL, CREMATION, REMOV				MATORY	23d LOCATION	COUNTY	STATE	
() BP		Burial	Sept	17,1987	Mt. Hebron C	Cemet		chester.	Virginia	
DHMH - 16 60M 7/84		UNERAL DIRECTOR		ADDRESS		25a. DATE	REC'D. BY REGISTRAR	256. REGISTRAR'S SIC	SNATURE	
(VRA 15, 4)	T	he Hysong Co	. 1300	N St.N.	W.Wash.D.C.	UUI	U D 198/	Julia Devider	n. Kandall	



(VR A15 ME (5))

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO FUNERAL DIRECTOR. After this certificate has should be detached for use as the burial-tronsit primm, with the State Dept of Health and Mental Hygiene at MAPORTANT: If them 21 is marked or them 18 shows an

065195 SER 10887.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAUHYGIENE CERTIFICATE OF DEATH

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5	6	9	0	2
31	21			
DEC	NO			

				EASED NAME	FIRST		MIDDLE		AST	20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR
9 6			(TYPE	OR PRINT)	JOHN		CHARLES		MACKEY	SEPTEMBER 4,	1987	6:30 PM
0 00		3	SEX		7.1	4. RACE		S. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)		
4 9		- 1		Male		TaTh :	ite	MONTH	y 16, 1911	76	MONTHS DAY	S HOURS MIN
2 6	ric	2 7	a BIF	THPLACE (STATE OF	FOREIGN		WHAT COUNTRY?	8.		9 BALTIMORE CITY OR CO		
E PV		/		ichigan	3911	United	States		D K NEVER MARRIED	Montgomory	County	
4 2	0 1	8		Y OR TOWN OF DE	ATH			G HOME C	D DIVORCED DIVORCED	Montgomery C		OF BUSINESS OR
4 4,	AI					(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESSI		(TYPE OF WORK FOR MOST OF WORK	INDUSTR	Y Y
1	The !			ROCKVILLE	SING HOME OF		Strand Dr		#114	Owner	PIL	nting
15	201			TATE	136 COUN		130 CITY OR TOW	N	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP		
19 3		2		ryland	Mont	gomery	Rockvill	е	YES NO Y	11430 Strand	Drive, #	114 / 20852
1 1	160	1	4 FA	THER'S NAME		WIDOLE	LAST		15 MOTHER'S MAIDEN NA/	ME		LAST
2 6	/ 0	(1)		Thomas		D.	Macke	У	Katherine		Gi	bbs
p p	. 8 /	11		AS DECEASED EVE			166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRESS		
8	1/		(4	NO	(IF YES GIV	E WAR OR DATES)	094-10-	8870	Marjorie W.	Mackey, Same	as 13	
2 12	1 2	- 1	1	II CAUSE OF DEA	TH (Ente) on	ly one couse per	line for (a), (b), and	dicu			APPRO BETWEE	OXMATE INTERVAL IN ONSET AND DEATH
4	4			PART I. DEATH					nocarcinoma o	f the Colon		
1		ч			IMMEDIAI							
8 8	9 6	-1		Conditions, if on	which		RASACONSEQUE Hepatic F		e			
0 5	of the			gave rise to in	nmediote							
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6 7	eiol,			DART 2 OTHER CIC	A HE IF A A LT	(0)	ONITRIBUTING TO F	SEATH BUT	NOT BELATED TO THE TERM	INAL DISEASE OR CONDITION	NI CIVENI IN DART	1
dist.	0 0		NO	PART 2 OTHER STO	MIFICANT	ONDITIONS C	SINTRIBUTING TO L	ZEALH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	N GIVEN IN PART	110
1 1	10 2-		ATIC	190 DATE OF OPER	ATION	TISH COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b.	IF YES, WERE FIND	INGS LISED
- 0	0 0	A	CERTIFICAT	THE DATE OF CITE	1,1011			01211110	TO TEM DAMED	INC	ERTIFYING CAUSI	ES OF DEATH?
The icio	Short		ERT	210 ACCIDENT WAS UP	NUEBIAING L	21b. TIME C	YE IN HIDY		121, HOW IN HIPV OCCUPE	YES NO X	YES	NO 🗆
AN ohys	E S	-		OR CONTRIBUTING			M. MONTH DA	YEAR	ZIC NOW INJOK! OCCOR!	CED LEWISK NATURE OF INJURY IN THE	M IS PART OR PART 2	
SiCI ng p	tent		Z	(IF EITHER NOTIFY MED			Μ.	19				
PHY endi	d o d		MEDICAL	214 INJURY OCCUI			OF INJURY REET FACTORY OFFICE F.	ARM, ETC)	21f LOCATION STREET	CITY OR TOWN	COUNTY	STATE
off of the	h or h or orke			WHILE NOT V								
A A	leolt s m			220.1 certify that (l) (this hospi	tal) attended th	e deceased from_	Septe	ember 19 86		4 19 87	. that (I) (we) last
of the CTO	of H			sow the decea above, (1) (we)	sed alive on	Septemb	er 1	87	nd that in (my) (our) opinion	deoth occurred an the date an	d have and from th	ne couses stated
RE B	ept fem			226 SIGNATURE	0		1/	14.11	DEGREE		22c DA	TE SIGNED
ALD O	ote D			Crace.	Xxx	1 read	to 1	M	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN [Sep	t. 4, 1987
PIT PIT	AN AN	7		224 PHYSICIAN'S N	IAME TYPE C	R PRINT)			22e ADDRESS 5401	Western Avenue	e, NW	The state of the s
HO FU	should be deto with the State IMPORTANT: I			Crai	a M. H	essler,	M. D.				0015	
5 g 5.	4 3 3	7	30 B	URIAL, CREMATION	-			IAME OF C	EMETERY OR CREMATORY	1236 LOCATION		
BP				Cremat		9-5-8			litan Cremato	CITY OF TOWN	county Vira	STATE
Dr		2	24 FL	INERAL DIRECTOR					250 DAT	E REC D. BY REGISTRARI256 PI	EGISTRAR'S SIGN	ATURE
DHMH - 16				NAME			Rapp, ADD Inc		SEP	PREC D. BY REGISTRAP 250 RI	Deviden La	adalle
(VRA	10, 4)		1	O Roy	43350	Mach	ington D	0 /	0010	77	4	

STATE OF MARYLAND

0.64	3 0 2.5	OCT	-h	FOR STATE REGISTRAR			DEPARTA	MENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 2	6 7	0 0	
6			I DE	CEASED NAME	FIRST		MIDDLE	L	AST	20 DATE OF DEATH	MONTH DAY	YEAR	2b HOUR
(0)	age 3		(TYPE	OR PRINT) MAT	RIAN	BN	TOINETTE	. /	MAHONEY		9 26	87	1:21 PM
10	ter d		3 SE			4 RACE	1. 1	5. DATE C	F BIRTH YEAR	6 AGE (IN YEARS LAST BIR	THDAY) IF U	NDER I YEAR	F UNDER 24 HRS HOURS MIN
-	recto urs of			EMA			WHITE	11	13 22	64	YRS		NOORS MIN
	100 4	2	(RTHPLACE (STATE OR FO	DREIGN		WHAT COUNTRY?	8 MARRIE	NEVER MARRIED	9 BALTIMORE CITY O		DEATH	
	dear funer	200		NDIANA TY OR TOWN OF DEA	TH	U.SA		WIDOWE	D DIVORCED D	MONTGOMERY		12k KIND C	MD. OF BUSINESS OR
201	by the		SI	LVER SPRING	3	415 N	EALE AVEN	UE UE	K OTHER INSTITUTION	(TYPE OF WORK FOR MOST OF HOMEMAKER	F WORKING LIFE)	INDUSTRY	OF BUSINESS OR
AND 21	filled in	5	13a S MA	RYLAND	13b COUN		GIVE RESIDENCE BEFORE 134 CITY OR TOW SILVER S	N I		13e STREET ADDRESS A	ZIP CODE AVENUE	20	901
MARYL	letely d2 s	EN		THER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDEN NAM	ME		1.45	ī
	omp	30		CHARLES		М.	BOCK		JOSEPHINE	ADDRE		DECL	ERQ
BALTIMORE	on ond or. Poges	medico	16a V	VAS DECEASED EVER I		E WAR OR DATES	166 SOCIAL SECU	RITY NO.	WILLIAM G. M			E AS	13
BALT	hysicia popers	nt, the		18 CAUSE OF DEATH PART I. DEATH WA	(Enter on	lly ane cause per D BY	r line far to . (b), and	d ic	2010			BETWEEN	MATE INTERVAL DNSET AND DEATH
A ST.	ng ph bong	ceve				E CAUSE TO)	CARCI	NUMAT					
PRESTON	di o	0		Conditions, if ony,	which	DUE TO, O	R AS A CONSEQUE	NOMA (OF THE RIGHT	OVARY			
₹	or the de	100		gave rise to imm couse (a), stating underlying cause	ediate		R AS A CONSEQUE	NCE OF	TO THE LUNGS				
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IL REC	hos b	ows or	CERTIFICATION	IN DATE OF OFERA	1014	198 COND	MONTOR WAICH	OFERATIO	WAS FERFORMED	YES IX NOT	IN CERTIFYIN	G CAUSES	OF DEATH?
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5	Aft Aft	mor		220.1 certify that (I)		tal attended th	ne deceased from _	SEPT "	8 19. 87	SEPT	26 19-	87	that (1) (we) last
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	OR A e hos DIRE Ched	Hem		226 SIGNATURE	11	11	1.	[DEGREE			220 DATE	SIGNED
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24 FUNERAL DIRECTOR

W.W. Chambers Co. Inc.

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Silver Spring Md. 00 20910

Crematory

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P.G. Maryland 250 DATE REC'D. BY REGISTRARIZSD, REGISTRATE SIGNATURE 1987

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STATE OF MARYLAND

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100	1.5EX	4 RACE	9-31-13	5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
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2 32 pls	To BIRTHPLACE (STATE OR FOREH	76 CITIZEN OF	WHAT COUNTRY?	8 MADDIE	NEVER MARRIED	9 BALTIMORE CITY OR COU	NTY OF DEATH	
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AND 2120	STATESIDENCE IN NURSING			D.C.		13. STREET ADDRESS / ZIP C	ODE 2700 N	Marrin /
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MORE	160 WAS DECEASED EVER IN L (YES, NO OR UNKNOWN) (IF	.S. ARMED FORCES? YES, GIVE WAR OR DATES)	218-56-9		17 INFORMANT John 5602 McLean D	S. Clemence (B	rother) Maryland	1 20814
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ATTEND spiral po CTOR: A	sow the dec above (1) (this	F. MA //	deceased fram	5.0		death occurred an the date and		
TAL OR y the ho	1226 SIGNATURE	Hom		M		MEDICAL STAFF ADIRECTOR PHYSICIAN		ember 1987
HOSPII	22d. PHYSICIAN'S NAME Benjam	in Avrunin			1811 01ne	1 Prince Phili y, Maryland 20	p Drive 832	
GGG GP	230 BURIAL, CREMATION, REM ISPECIFY) Burial	Ser 16	tember Mc	unt 0	emetery or crematory livet Cemeter	23d LOCATION CITY OR TOWN V Washington	D.C.	STATE
DHMH - (6 KOM 2784 (VRA 15, 4)	7557 Wisconsin	pert A. Pun hesda-Chev Avenue Be	phrey Fury Chase	neral Inc. arylar	Home/ 250. DAT	E REC'D. BY REGISTRARIAS RE	GISTRAR'S SIGNAT	. Kanalara

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAPHYGJENE - STATE REGISTRAR REG, NO SES ASED NAME TO DATE KNOWN IN MONTH OF AND 3 TO THE FUNERAL DIRECTOR.

JETAIN PAGE 5 FOR YOUR FILES.

REFILED, WITHIN 72 HOURS

DS, 201 VP. PRESTON STREET, DEATH MATED UHN 3. SEX 4. RACE DATE OF BIRTH AGE (IN YEARS IF UNDER 24 HRS DATE MONTH LAST BIRTHDAY PRONOUNCED 05 51 DEAD WHITE TO BIRTHPLACE (STATE OF 76 CITIZEN OF WHAT COUNTRY FOREIGN COUNTRY NEVER MARRIED PENNSYLVANIA USA WIDOWED DIVORCED MONTGOMERY 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 176 KIND OF BUSINESS USUAL OCCUPATION ITYPE OF WORK D.C. POLICE DEPT OR INDUSTRY 20906 DENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13e. STATE 136 COUNTY CITY OR TOWN 13d. INSIDE CUPT LIMITS? 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST LAST FIRST MARY MASTROLEMBO DOMINICK MARFIZO 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166. SOCIAL SECURITY NO ADDRESS TYES NO OR HINKHOWN (IF YES, GIVE WAR OR DATES) 1954-1957 YES 172-28-7454 JEANETTE MARFIZO/WIFE/SAME AS TORD "PENDING" IN PENCIL IN ITEM RE C CHIEF MEDICAL EXAMINER ALONG STIT BE USED AS A BURIAL - TRANSIT PERMIT P TI OF HEALTH AND MENTAL HYGIENE, DIN BURIAL, CREMATION, OR REMOVAL. 18 CAUSE OF DEATH (Enter only ane couse per fine for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ID CERTIFICATION 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD PAGE 4 SHOULD BE FORWARDED TO THE CHIE TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE US AFIER DEATH, WITH THE STATE DEPARMENT OF BALTHWORE, MARYLAND, 21201 PRIOR TO BURNA YES [] NO A 218 EXTERNAL CAUSE WAS 716 TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) POR HOUR AM. MONTH DAY UNDERLYING CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY 711. LOCATION STREET, FACJORY, FARM, ETC NOT WHILE AT WORK AT WORK 22e I certify that I took charge of the d abave, held an death resulted from fural causes Homicide Undetermined monner EXAMINER'S NAME TYPE OR PRINT 73a BURIAL, CREMATION, REMOVAL SEPT16,1987 PARKLAWN CEMETERY MONTGOMERY BURIAL 07/84 BP 25M FRANCIS J. COLLINS, JR. 250. DATE REC'D BY REGISTRAR Julia Davidson Randalle **DHMH** - 17 BLVD. W SILVER SPRING, MD 20901 (VR A15 ME (5))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS CERTIFICATE OF DEATH

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hysicic poper ovol.			18 CAUSE OF DEATH (Enter of	anly one cause per line for	(a), (b), and	(C)				BETWEEN	CIMATE INTERVAL
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been signed by th mit. Then please re prior to burial, cren ony injury, or other	4	ATION	PART 2 OTHER SIGNIFICANT				NOT RELATED TO THE TERMI			N IN PART 1	
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_ ~ ~ ~ ~			220.1 certify that OK (this hosp	pital) attended the decea	sed from	IULY	1 19.87	to_SEPTEMB	ER 13	9_87	that XL (we) last
21 of 10			saw the deceased alive a above, 恢(we)(did)(被故n	SEPTEMBER of view the body offer de	13 19 87	7, an	nd that in (ੴ€) (aur) apinion d	eath occurred on the de	ate and hour	and from the	causes stated
y the hos RAL DIREC detoched tote Dept.			226. SIGNATURE	rtsentrube	y M	0	ATTENDING PHYSICIAN	MEDICAL STAI	FEIAN	22c. DATE	3/87
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WH - 16 60M 7/84	7		NERAL DIRECTOR		ADDRESS P	.O. E	Box 796 250 DATE	REC'D. BY REGISTRAR	250 REGISTR	AR'S SIGNA	PORE
(VRA 15, 4)		В	ower Funeral C	hapels,	P	ulask	si, Va SEP	7 / 190/	June 1	4	

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTACHYGH
CERTIFICATE OF DEATH

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A Coloure	WEDICAL B	gove rise to in couse (a), stotunderlying counderlying counderlying counderlying counderlying counderlying DATE OF OPER 21g. ACCIDENT WAS U OR CONTRIBUTING (IF EITHER NOTHEY ME 21d INJURY OCCU WHILE AT WORK NOTHEY ME 22b. I certify that (a) sow the decee above. (I) (we) 22b. ST. AT URE	ATION ATION ATION ATION ATION ATION CAUSE OF DE DICAL EXAMINE ORR (I) (this hosp ased alive or (did) (did not be compared to the compa	(b) DUE TO. CO. Ic) CONDITIONS CO. 176. CONDITIONS CO. AIH HOUR A R. P. 21e PLACE (AI HOME SI (AI HOME	ONTRIBUTING ONTRIBUTING ONTRIBUTING ONTRIBUTING ONTRIBUTING ONTRIBUTING ONTRIBUTING ONTRIBUTING ONTRIBUTING ONTRIBUTING ONTRIBUTING ONTRIBUTING ONTRIBUTING ONTRIBUTING ONTRIBUTING ONTRIBUTING	DAY YEAR 19 FICE, FARM, ETC.)	211. LOCATION 211 LOCATION STREET 19 and that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 228 ADDRESS	200 AUTOPSY? YES NO CITY OR TO CITY OR TO DECEMBER NATURE OF INJURE CITY OR TO DIRECTOR PHYSIO	20b 4F YE IN CERTI Y JRY IN 11EM 18 DWN Action and ho	ES, WERE FINDING IFYING CAUSES O ES PART 1 ORPART 2) COUNTY 19	F DEAT NO [

DHMH - 16 60M 7/84 (VRA 15, 4)

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filled in by the funeral director, page 3 augld be filed within 72 hours after death

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL YGIENE

1 -	FOR STATE REGISTRAR	DE		EALTH AND MENTAL YG CATE OF DEATH	REG. NO	7 0 7
I. DE	CEASED NAME WIFESLIA	M H.	M	MARTIN	24 DATE OF DEATH MON	25 87 25 HOUR 4:12 F
3. SE:	Hak.	4. RACE White	5. DATE OF	FBIRTH 17	6 AGE (IN YEARS LAST BIRTHDA	YRS MONTHS DATS HOURS MIN
	IRTHPLACE (STATE OR FOREIGN COUNTRY) Virginia ITY OR TOWN OF DEATH	U. S. A.	WIDOWED		MON HON	IZE KIND OF BUSINESS O
Ja NSU	Koma Park AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION GIVE RESIDENCE	CE BEFORE ADMISSION	Hist Hosp.	Merchant	RKING LIFE INDUSTRY Gasoliv
SI	STATE SOLL MONT	gomery Man	yland	13d. INSIDE CITY LIMITS? YES NO 15. MOTHER'S MAIDEN NA		Rock Rd. 200
	Marion WAS DECEASED EVER IN U.S. AR		urtin AL SECURITY NO.	Sarah 17 INFORMANT	MIDDLE 2 D ADDRESS	Ford
	YES NO OR UNKNOWN) (IF YES, GI	230-0	5-8089		rtin Bethesda	Hill Road, Maryland 20814
	18 CAUSE OF DEATH IEnter of PART I. DEATH WAS CAUSE IMMEDIA	ily ane cause per line far (a), D BY: [E CAUSE (a)	(b), and icity	ne		APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
		DUE TO OP AS A CON	NSECHENCE OF	1	10	
NO	Conditions, if ony, which gave rise to immediate couse (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c) CONDITIONS CONTRIBUTING	NSEQUENCE OF	NOT RELATED TO THE TERM	MAL DISEASE OR CONDITION	ON GIVEN IN PART 110
TIFICATION	gave rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CON	NSEQUENCE OF		20a AUTOPSY? 201	ON GIVEN IN PART 1:0. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO NO
CAL CERTIFICATION	gave rise to immediate couse (a), storing the underlying cause lost. PART 2 OTHER SIGNIFICANT (19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE. (IF EITHER NOTIFY MEDICAL EXAMINE)	DUE TO, OR AS A CON- (c) 19b. CONDITION FOR 1 19b. CONDITION FOR 1 17b. TIME OF INJURY HOUR A.M. MON' 10b. P.M.	NSEQUENCE OF NG TO DEATH BUT P WHICH OPERATION TH DAY YEAR 19	N WAS PERFORMED	20g AUTOPSY? 200	b IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO NO
MEDICAL CERTIFICATION	gave rise to immediate couse (a), stoting the underlying cause lost. PART 2 OTHER SIGNIFICANT (19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER NOTIFY MEDICAL EXAMINE! 21d INJURY OCCURRED WHILE NOT WHILE AT WORK A 1 MERCEL AT WORK	DUE TO, OR AS A CON- (c) 196. CONDITION FOR 1 196. PLACE OF INJURY (AT HOME STREET, FACTORY, 1)	NSEQUENCE OF NG TO DEATH BUT IN WHICH OPERATION TH DAY YEAR 19 OFFICE, FARM, ETC.)	NWAS PERFORMED	20a AUTOPSY? 201	b IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO NO
	gave rise to immediate couse (o), storing the underlying couse lost. PART 2 OTHER SIGNIFICANT (19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER NOTIFY MEDICAL EXAMINE) 21d INJURY OCCURRED WHILE ALWORL ALWORLD WHILE ALWORL ALWORLD WHILE ALWORLD NOT WHILE ALWORLD ALWORD ALWORLD ALWORLD ALWORLD ALWORLD ALWORLD ALWORLD ALWORLD ALWORLD	DUE TO, OR AS A CON [c] CONDITIONS CONTRIBUTION 196 CONDITION FOR 216 TIME OF INJURY HOUR A.M. MON' P.M. 216 PLACE OF INJURY (AT HOME STREET, FACTORY, tol) oftended the decegsed	NSEQUENCE OF NG TO DEATH BUT P WHICH OPERATION TH DAY YEAR 19 OFFICE, FARM, ETC.)	21c. HOW INJURY OCCURI	200 AUTOPSY? 200 YES NOT NOT NOT NOT NOT NOT NOT NOT NOT NOT	LET THE PART I OR PART ?
	gave rise to immediate couse (o), stoting the underlying cause lost. PART 2 OTHER SIGNIFICANT (19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER NOTIFY MEDICAL EXAMINET 21d INJURY OCCURRED WHILE AND WHILE AND WHILE AND COUNTRIBUTING CAUSE OF DE. (IF EITHER NOTIFY MEDICAL EXAMINET 21d INJURY OCCURRED WHILE AND WHILE AND COUNTRIBUTION COUNTRIB	DUE TO, OR AS A CON (c) 19b CONDITIONS CONTRIBUTION 19b CONDITION FOR 21b. TIME OF INJURY HOUR A.M. MON' P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, tol) ottended the deceased	NSEQUENCE OF NG TO DEATH BUT P WHICH OPERATION TH DAY YEAR 19 OFFICE, FARM, ETC.)	21c. HOW INJURY OCCUR! 21f. LOCATION STREET 19 4 that (10y) (our) opinion DEGREE	200 AUTOPSY? 200 YES NOT NOT NOT NOT NOT NOT NOT NOT NOT NOT	LET IS PART LOR PART ?) COUNTY COUNTY STATE TO MAN THE WEB STATE COUNTY STA
MEDICAL	gave rise to immediate couse (o), storing the underlying couse lost. PART 2 OTHER SIGNIFICANT (19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER NOTIFY MEDICAL EXAMINE) 21d INJURY OCCURRED WHILE ALWORL ALWORLD WHILE ALWORL ALWORLD WHILE ALWORLD NOT WHILE ALWORLD ALWORD ALWORLD ALWORLD ALWORLD ALWORLD ALWORLD ALWORLD ALWORLD ALWORLD	DUE TO, OR AS A CONTICO TO TO THE TO	NSEQUENCE OF NG TO DEATH BUT N WHICH OPERATION TH DAY YEAR 19 OFFICE, FARM ETC.) I from 19 ON ONE	21c. HOW INJURY OCCUR! 21f. LOCATION STREET 2 that to (pty) (our) opinion DEGREE	280 AUTOPSY? YES NOT NOT TOWN CITY OR TOWN death occurred an the date of MEDICAL STAFF	LET IS PART I OR PART ?) COUNTY COUNTY STATE CO

DHMH - 16 60M 7/B4 (VRA 15, 4)

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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and should be detached for use as the burial-transit permit. Then please remove carbon papers. Page: with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remaval.

184 to 101 I a California a de la companya de la c

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2

TO HOSPITAL OR ATTENDING PHYSICIAN. The for-retained by the hospital or attending physician

BP.

DHMH - 16 50M 1/81 (VRA 15, 4)

	FOR
-	STATE
	REGISTRAR

STATE OF MARYLAND S DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2	6	9	10
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	REGISTRAR			•			REG. N	0		
	CEASED NAME	FIRST	MIDDLE		AST		20 DATE OF DEATH		DAY YEAR	26 HOUR
LIVE	E OR PRINT)	WALTER	L.	MAS	ON S	Jr.	September	26	987	7:00
3. SE	x	WALTER	BACF	S. DATE O			AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 H
			White	MONTI	H DAY	YEAR		^	MONTHS DAYS	HOURS M
	Male		Caucasian	08-	. 31-	1920	67	YRS	OFBEATH	
70 B	IRTHPLACE (STATE	OR FOREIGN /	CITIZEN OF WHAT COL	MARRIE	D NEVE	R MARRIED	BALTIMORE CITY O	K COUNTY	OFDEATH	
	Kilmarn	ock Va	USA	WIDOWI	ED 🗌	DIVORCED	Montgo	merv	Count	У
10 C	ITY OR TOWN OF	DEATH 1	1. NAME OF HOSPITAL,				120 USUAL OCCUPAT		126 KIND C	F BUSINESS
2	Rockvill	e Md.	1016 Welsh	r. Rock	ville M	d.	Self Emplo	ved	Busi	nessm
Usu	AL RESIDENCE (#	NURSING HOME OR O	THER INSTITUTION, GIVE RESIDEN	CE BEFORE ADMISSION)	-				12	0
13a.	Marylan	d Montg	omery Rockv	ille	YES XX	NO [1016 Welsh	Dr.	200	350
-/ 14. F	ATHER'S NAME		DDIE L	AST	15 MOTHE	R'S MAIDEN NAM	AE MIDDLE			
/	Walter	M	L. Maso		Dah	FIRST lia	WIDDLE		Butle	r
16a	WAS DECEASED EV	ER IN U.S. ARM		L SECURITY NO.	17 INFORM		1016 Well	SS. D.		
	YES, NO OR UNKNOWN		WAR OR DATES)							
	No			4-7818 a	<u>Hari</u>	et T. Mas	on Rockvil	le Md.	20852	1110 A 1110 A 1110 A 1110 A 1110 A 1110 A 1110 A 1110 A 1110 A 1110 A 1110 A 1110 A 1110 A 1110 A 1110 A 1110 A
	18 CAUSE OF DE	ATH (Enter only	one couse per line for (a), BY:	(b), and (c),)						MATE INTERVA
	PART I. DEAT	IMMEDIATE		TATE CAN	CER				2 3	lears
			DUE TO, OR AS A COM	NSEQUENCE OF						
	Conditions, if	any which	(
	gove rise to	immediate	(6)	-						
	underlying co	ating the luse last.	DUE TO, OR AS A COM	SEQUENCE OF						
	anderlying co	iose iosr.	(c)							
	PART 2 OTHER S	IGNIFICANT CO	ONDITIONS CONTRIBUTION	G TO DEATH BUT	NOT RELAT	ED TO THE TERMI	INAL DISEASE OR CON	DITION GIV	EN IN PART III	0
CERTIFICATION										
ন ₹	190 DATE OF OPE	RATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PER	FORMED	20a AUTOPSY?		, WERE FINDI	
2 ≚	100						YES NOTE		YING CAUSES	OF DEATH?
4 5	71a. ACCIDENT WAS	LINDERLYING [7]	716. TIME OF INJURY		71r HOW	IN ILIPY OCCUPE	ED (ENTERNATURE OF INJU			140
	OR CONTRIBUTING		HOUR AND MONE	TH DAY YEAR	211.110	II VJOK I OCCORR	CD (ENTERNATURE OF INTO	Kt mattem 10 h	ARI I OR PARI 2)	
18		MEDICAL EXAMINER)	P.M.	19				77.6	1000	
MEDICAL	21d INJURY OCC	URRED	21e. PLACE OF INJURY		211 LOCA		CITY OF TO	WN	COUNTY	STAT
2	WHILE NO	WHILE WORK	(AT HOME STREET, FACTORY,	OFFICE, FARM, ETC.)	314		(11.0)			
			ii) attended the deceased	1	ctoher	19_86	Septem	her 26	0.87	that (I) (me
	above, (I) (edsed alive on _	September 21	i. , o	nd that in (m	iy) tawa opinion o	leath occurred an the d	ore and hav		
	126 SIGNATURE	1	./		DEGREE				22c. DATE	SIGNED
	Don	iet X	oseM	/	5	PHYSICIAN TO	MEDICAL STA	FF TIAN []	9/26	181
#	27d. PHYSICIAN'S	NAME (PRINT)	,	122e ADDR		Connecticu		1116	
		110000							100	
	Daniel	Rosenb1	um			Kensin	igton, MD 2	0895		10
23e	BURIAL, CREMATIC		23b. DATE	230 NAME OF	EMETERY O	R CREMATORY	23d LOCATION			
	Cremati	on	9/27/87	Metror	olit	an Crem	. Alexand	Iria.	Virgi	nia
24 5				-		Taga DATE	REC'D. BY REGISTRAR			
24.1	UNERAL DIRECTO	on Whe	eler Funer	al Home	In					
17.5	31 Rock	ville	Pike Rocky	Tille. I	1d208	52 001	2 1987	Gutta	Deviden	Kandas

and the state of t se cita September 11 Cateller IS Carteller 26 57- p

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injury, or other troumotic

MAPORTANT: If Hem 21 is morked or Item 18 store

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

- 1		110001111							KEG. 140.			
		CEASED NAME	FIRST		MIDDLE		AST	20. DATE OF DE	ATH MONTH	048	7 10 HOUR	5
				VILLE	W.	IS DATE C	ATTOX	& AGE (IN YEAR)	U9	IF UNDER 1 YE	AR IF UNDER 24	M M
	3. SEX	Male		Caucas	sian	MONTH 12		8	7	MONTHS DA		MIN.
		CHATE OF STATE OF	OREIGN 1	b. CITIZEN OF	WHAT COUNTRY?	8 MARRIEI	D NEVER MARRIED	9 BALTIMORE	CITY OR COU	NTY OF DEATH		
	Mi	ississippi		United	States	WIDOWE	DIVORCED [Monts	omery			MD.
	10 CII	TY OR TOWN OF DEA	TH I		HOSPITAL, NURSIN H FACILITY, GIVE STREET		OR OTHER INSTITUTION	12a. USUAL OC		NG LIFE) - INDUST		
4	Si	ilver Spri	ng	Chevy	Chase Ni	irsing	Home	Audito	or	U.S.	Gover	nmen
1	13a S	L RESIDENCE (IF NURS	136 COUN	TY INSTITUTION	13c. CITY OR TOV	VN	134. INSIDE CITY LIMITS?	13e STREET ADE	ORESS / ZIP C	CODE		
4	_	aryland	Mont	gomery	Bethese	da	YES NO X		Conway	Road/20	817	
A	14 FA	THER'S NAME	A	IDDLE	LAST		15. MOTHER'S MAIDEN N		AIDDLE		LAST	
1		Stuart			Matto		Lena			Boys	don	
		VAS DECEASED EVER		WAR OR DATES)	166 SOCIAL SECI	URITY NO.	17 Executor			ay Road		
		Yes	W.W.	I	216-44-	3484	Henry P. St	etina Bei	hesda,	MD. 20	0817	
		18 CAUSE OF DEAT	H (Enter onl	y one couse per			PN EUMONI +			BETWE	ROXIMATE INTERVA	ATH
				CAUSE (o)	45/11/47	10/4	FIN CUINONIA	4				
9		NOTES SALE		DUE TO, O	R AS A CONSEQU		DAA I CUA	NOMIC				
	3	Conditions, if any, gave rise to imm		(p)_	Cligan	10	GRAIN SIN	DOORN 2				
		couse (a), statin underlying couse		DUE TO, O	ROS CONSEOU	ENCE OF	SOPHAGEAC	STRIC	TUQ 5			
		PART 2 OTHER SIGN	VIEIC ANT C	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER		R CONDITION	GIVEN IN PART	110	
	NO		1 32									
9	CERTIFICATION	19a DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPS		F YES, WERE FIN		?
Ś	TIE		100					YES N	IOD	YES 🗌	NO 🗆	
7		21a ACCIDENT WAS UNI		21b. TIME C	M. MONTH D	AY YEAR	216 HOW INJURY OCCU	IRRED (ENTER NATUR	E OF INJURY IN ITEM	M 18 PART I OR PART	7)	
	CAL	(IF EITHER NOTIFY MEDI	CALEXAMINER)	P.	M.	19						
	MEDICAL	21d INJURY OCCUR		21e. PLACE	OF INJURY REET, FACTORY, OFFICE,	FARM, ETC)	211 LOCATION STREET		ITY OR TOWN	COUNTY	STA	TE
		WHILE NOT WE AT WOOM IA	K _			0/5	80	1 9	14	27		
		220 Cepetify that	Villa -	11	,	89/2	nd that in my (our) apinio	n death accurred a	on the date and	t hour and tram	the causes state	e) lost
		775 5 (364ATCRE)	did that not	right the talidy	alter death.	/	DEGREE				ATE SIGNED	
		Mary	10	(ATTENDING PHYSICIAN	MEDICAL DIRECTOR [STAFF PHYSICIAN	(7/4/8-	7
		MARK .	AME (TYPE OF		4.0.		980 GL	non A	r Su	VER S	zins,1	Mo
	230 B	BURIAL, CREMATION,	REMOVAL	Sept.	/1		EMETERY OR CREMATORY	0.000		COUNTY	51 A	NTE.
		Burial	N ÷ I · · ·	10	0.7	agnoli	a Cemetery		ldian,		Miss	•
	Re Re	UNERAL DIRECTOR	koberi evy Cr	ase, Ti	mpnrey Ft	meral	Home/	P 1 0 108	7 July	GISTRAR'S SIGN	. Kandass	
	75	E 7 173	A -	- Dati	10000	00	01/	1 4 1/190	1/ //		-	

DHMH - 16 60M 7/84 (VRA 15, 4)

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DHMH - 16 60M 7/84

(VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL BYGIENE

CERTIFICATE OF DEATH

							-	REG. IN	O.		
		CEASED NAME FIRST	- 1	AIDDLE	MIAST	ido		20 DATE OF DEATH	MONTH D	YEAR 87	26 HOUR
	3 SE2	X	1. RACE	15	DATE OF E	URTH		& AGE LIN YEARS LAST BI	THDAY)	FUNDER 1 YEAR	IF UNDER 24 HRS
		Female	White		Feb.	17	1922	65		ONIHS DATS	HOURS MIN.
A. Marie		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY? 8	MARRIED E	NEVERA	AARRIED 🗇	BALTIMORE CITY	R COUNTY	OF DEATH	
	M	laryland	US.		VIDOWED [ORCED	Montge	omery		MD.
1		OCKVILLE		HOSPITAL, NURSING		OTHER INST	ITUTION	12g USUAL OCCUPAT TYPE OF WORK FOR MOST O Homemake	OF WORKING LIFE)		Home
1	USU	AL RESIDENCE HE NURSING HOME		GIVE RESIDENCE BEFORE AD	MISSION)	10					nome
5	Ma		ntgomery	Rockvill		d INSIDE C 'ES 🗌	NO A	15630 Fie		id, 20	0855
2	14. FA	THER'S NAME	WIDDLE	LAST	15		MAIDEN NAM	ME		LAS	
(1	Lash		Redman		Mo1				Bussa	_
1		VAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECURIT	Y NO. 17	INFORMA	NT	ADDR	ESS		
1		NO OR UNKNOWN) IF YES	ONE WAR ON DATES	220-42-14	11	Bett	y Jane	Schaible,	Mt. Ai	ry, Md	
		18 CAUSE OF DEATH (Enter	only one couse per	line (6) at (b), and (15)	1	6			BETWEEN	IMATE INTERVAL ONSET AND DEATH
		PART I. DEATH WAS CAU	SED BY IATE CAUSE (0)	1 Cespina	the	de	lue				Who
			DUE TO OF	AS A CONSEQUENC	CE OF	1				1	
		Conditions, if any, which	((b)	Chronic	John	web	- pul	moren De	siene	Ser	100
		gove rise to immediate couse (0), stating the	DUE TO OF	AS A CONSEQUENCE	CE OF		V	0			G.
		underlying couse last.	(c)			144		Later Charles			
	7	PART 2 OTHER SIGNIFICAN	T CONDITIONS CO	INTRIBUTING TO DEA	ATH BUT NO	T RELATED	TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART I	0
	CERTIFICATION							1394			
-)	ICA	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH OF	PERATION V	VAS PERFO	RMED	200 AUTOPSY?		WERE FINDIN	
/	RTIF							YES NO	YES		№ □
1		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.	M. MONTH DAY	YEAR 2	It. HOW IN	JURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM TB PAR	et I OR PART 2)	
	CAI	(IF EITHER NOTIFY MEDICAL EXAMI	NER) P./		19		1.04				
	MEDICAL	216 INJURY OCCURRED	21e PLACE (OF INJURY EET FACTORY OFFICE, FARM	21 (, ETC.)	IL LOCATIO STREET	N	CITY OR TO	IWN	COUNTY	STATE
	•	AT WORK NOT WHILE				1		21			
		22s.l certify that (I) (this ha	0/2.	1 11	9/11		. 19 8 7	10 9/2 9	. 1		that (we) lost
		sow the deceased alive	nati view the body	ofter death.	, and t	hot in (my)	(our) opinion o	death accurred on the d	ote and hour	and from the	couses stated
		27 SIGNATURE	00			GREE	TTENIDMIC	odish		22c DATE	SIGNED
		Ohele	er. Do	lla 1		·		MEDICAL STA	IAN 🗌	249	94/8/
		228 PHYSICIAN'S NAME (TYPE	E. D. Mr	n, M.D.	22	e ADDRES	Olney	mD 2	0832		
	23a B	BURIAL, CREMATION, REMOV	AL 23b DATE	123c NA	ME OF CEM	ETERY OR C	REMATORY	23d LOCATION			
	(SPECIFY) Burial	Sept				emetery	CITY OR TOWN	Emod.	COUNTY	STATE
	24 FU	JNERAL DIRECTOR	l pebo	1701	remp o	OWIT CE		Kemptown ,		rick.	Md .
1	М	URIEL H. BARBE	ER. T.AVT	ONSVILLE.	MD. 2	20879	SEP	28 1987	S. Deine	A Char	delle
	- 4		TALLES PARK	CATION T AND AND THE CONTRACT	1110 6	-0017			1		A

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STATE OF MARYLAND	FMARYLAND
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

OFFINA SER	1	FOR STATE PAOTSTRAR	DEF		EALTH AND MENTAL HYG	REG. NO.		
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		CEASED NAME FIRST	MIDDLE		AST	20. DATE OF DEATH MO	INTH DAY YEAR	26 HOUR
r 1 75	TYPE	OR PRINT) MARTH	A ANN	МС	CALL	SEPTEMBER 5	1987	3:45p. _M
5	3. SE		4. RACE	5. DATE O		6. AGE (IN YEARS LAST BIRTHD)	-	
4 35		FEMALE	BLACK	MONTE		26	MONTHS DAYS	HOURS MIN.
-111 00	THE B		7b. CITIZEN OF WHAT COUN		MBER 15, 1960	26 BALTIMORE CITY OR C	YRS	
# 12/1//		OTH CAROLINA	USA	MARRIE	D MEVER MARRIED			
1 11 6-			11. NAME OF HOSPITAL, N	WIDOWI		MONTGOMERY 170 USUAL OCCUPATION		OF BUSINESS OR
1 11/20	2	BETHESDA	NIH, THE CLIN	ICAL CEN		HOUSEWIFE	ORKING (IFE) INDUSTRY SE	(
ND 212	13a S	AL RESIDENCE IN NURSING HOME OR STATE 136 COUN MARL	OTHER INSTITUTION GIVE RESIDENCE ITY OF MCCOL	RTOWN	13d. INSIDE CITY LIMITS?	Rt. 1. Box 3	IP CODE 90	1999
1 1 11/100		THER'S NAME	MCCOL		15. MOTHER'S MAIDEN NA	2000	07 29	170
3 1 17 16	7		MIDDLE		FIRST	MIDDLE		AST
1	Ián V	TKF. VAS DECEASED EVER IN U.S. ARA	MOORE	SECURITY NO.	17. INFORMANT	RUTH	WAII	
De see	1		E WAR OR DATES)	35-0431		(HUSBAND) S	AME AS DEC	CEASED
BAL solvest		18 CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED	ly one cause per line for (a), (b), and (c).)			APPRO BETWEEN	NONSET AND DEATH
ST		IMMEDIATI	E CAUSE (o) THROMBO	OSIS OF	SUPERIOR SAGIT	TTAL SINUS		
No No No No			DUE TO, OR AS A CON	SEQUENCE OF				
19 19 1		Conditions, if any, which	(b) RT. CEI	REBRAL H	EMISPHERE HEMO	DRRAGIC		
4 4		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CON					
1 7		underlying couse last.	(c) DIFFUSE	E LYMPHA	DENOPATHY			
DS, 26 to porter to fourth	NO	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTION	G TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDIT	ION GIVEN IN PART T	lo
NG PHYSICIAN. The low restricted physician. ottending physician. of the this certificate has been as the burrol-transit permit. It had mental Hygiene prior than administration orked or frem. It is shows any in a street or trem.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	VHICH OPERATIO	N WAS PERFORMED		Ob. IF YES, WERE FIND	
he le	TE					YES NO	N CERTIFYING CAUSE YES [NO [
VIT N. T	CER	210. ACCIDENT WAS UNDERLYING		U DAY VEAD	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN	ITEM IS PART I OR PART 2)	
OF OF OF OF OF OF OF OF OF OF OF OF OF O	AL	OR CONTRIBUTING CAUSE OF DEA') II	H DAT TEAR				
ON O HYSIC Instruction of the	MEDICAL	214 INJURY OCCURRED	21e. PLACE OF INJURY		21f LOCATION		COUNTY	
VISI G Py the ond ond ked	\$	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, C	OFFICE, FARM, ETC)	STREET	CITY OR TOWN	COUNTY	STATE
D DIN		220 L certify that X (this haspit	(a) attended the deceased	from July	29 19.87	Septembe	r 5 10 87	that Wir (we) last
TEN TO SO I S		saw the deceased alive on.	September 5	07	nd that in (W) (our) opinion o			
A AT A A A A A A A A A A A A A A A A A		obove, M (we) (did) (dh) not 226. SIGNATURE	1) view the body after death.		DEGREE			E SIGNED
the the etoch te De		John h	Ing tit		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	1 01	7/87
AER. Sto		224 PHYSICIAN'S NAME (TYPE OF	PRINT		27e ADDRESS Nation			-b Clinical
TO HOSP TO FUNE should be with the S		Voltor h	JR161+T		Center, 9000 I	Rockwillo Dik	o Pothood	m, orinical
0 = 0 = 3 3	73a. I	BURIAL, CREMATION, REMOVAL	23b. DATE	23c NAME OF C	EMETERY OR CREMATORY	234 LOCATION	e Dellesda	L.Ma. 20892
GGGBP199		SPECIFY) REMOVAL	0 0 077	OUTOKE I	FUNERAL HOME	CITY OR TOWN	COUNTY	STATE
10/10/	24 FI	UNERAL DIRECTOR MARSHA	I.I.'S FUNERAL	HOME, I		E REC'DABY	TLLE MARLE	ORO SU
DHMH - 16 60M 7/84 (VRA 15, 4)		WASHING	LL'S FUNERAL STREET OF D. C.	20011	SEF	14 981 30	AL DUNGON-N	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	die	6	1		
-	NO	.54		-11	

REGISTRAR		CERTIFICATE OF DE	EATH		REG. NO		4
I. DECEASED NAME (TYPE OR PRINT) LUT	THER MIDDLE	Mc Cleary	/	Sept.	26,1987		26 HOUR 12 PM
3. SEX	4 RACE	5. DATE OF BIRTH	WEAR	6 AGE IN YEAR		FUNDER TYEAR	
Male	B1ack	Jan 17	1912	75	YRS		1,000
To. BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MA	APPIED T	9 BALTIMORE	CITY OR COUNTY	OF DEATH	
North Caroli	na USA		ORCED	Mont	gomery		
S.S.	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET University Nurs	IG HOME OR OTHER INSTIT	TUTION	120 USUAL OC	R MOST OF WORKING LIFE		
13a STATE 13b CO	or other institution give residence before UNITY 136. CITY OR TOW Wheat	N 13d. INSIDE CIT	TY LIMITS?	130 STREET ADD 901	RESS / ZIP CODE Arcola A	venu	0900
14 FATHER'S NAME FIRST Unknown	MIDOLE LAST	Unkn	nown	٨	MOOLE	LA	st
160 WAS DECEASED EVER IN U.S.	GIVE WAR OR DATES				AAMess S.S.I	Md.	
Yes WW		4021 Janet	Mecins	ky (Adm.	of Home)		
Conditions, if ony, which gave rise to immediate couse (a), stating the underlying cause last.	only one cause per line for the firm of th	ence of	de la constante	arrest Carles	DISSON	10	XMATE INTERV.
190 DATE OF OPERATION	196 CONDITION FOR WHICH				O N CERTIFY		
OR CONTRIBUTING CAUSE OF THE ETIMER MOTHER MEDICAL EXAMI	DEATH HOUR A.M. MONTH DA	AY YEAR 19 211 LOCATION		111	E OF INJURY IN ITEM IS PA	(RT 1 OR PART 2)	STA
WHILE NOT WHILE AT WORK	CALLER STREET CACTORY OFFICE, P	10/11	- 4/	91	7		
22a I certify that (I) (this has saw the deceased alive above, (I) (we) (did) (did)	spital) attacked the deceased from	0	our) apinion	death accurred a	n the date and hour	and from the	that II (we causes state
22b. SIGNATURE Myon	L. Leuhan	PI		MEDICAL DIRECTOR [9/2	7/27
MYRUN (TY	L. LENKIN	22e ADDRESS	WHE	MON	REFIELD	1140	
230 BURIAL, CREMATION, REMOV	10/2/87 Ft	NAME OF CEMETERY OR CE Lincoln Ceme	etery		twood		d.
Hines/Rinaldi	11800 New Hamp Av	e.S.S.Md.	OG DAT	T-2 10	187 Aulia	Devider	

DHMH - 16 60M 7/84 (VRA 15, 4)

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death

8 REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYSIENE CERTIFICATE OF DEATH

2	6	0	-	-
60	U	1		-

REG. NO. DECEASED NAME FIRST 20. DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) 87 4:03AM 09 Catherine McClure 4 RACE IF UNDER 24 HRS 3 SEX 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR MONTH YEAR FEMALE CAUCASTAN DEC 1919 14 To BIRTHPLACE (STATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED MARYLAND USA WIDOWED -DIVORCED Montgomery II. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BOOKKEEPER Olney Montgomery General Hospital VITRO USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? MARYLAND MONTGOMERY ROCKVILLE 16944 GLEN OAK RUN 20855 NO [14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE JOHN PAUL SMITH MARY JANE DAVIS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT NO OR UNKNOWN) 579-14-5060 JAMES R. MCCLURE/HUSBAND/SAME AS 13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY Cardiopulmonary arrest DUE TO, OR AS A CONSEQUENCE OF MASSIVE Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20h IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IS PART TOR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTHY MEDICAL EXAMINER) 218. PLACE OF INJURY 21d INJURY OCCURRED 211 LOCATION CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET AT WORK NOT WHITE 270 1 certify that (1) (this haspital) attended the deceased from StoT 116 sow the deceased olive on bove, (I) (we) (did) (did not) view the body after death and that in (my) (our) apinion death occurred on the date and hour and from the causes stated 226 SIGNATU DEGREE 221 DATE SIGNED ATTENDING MEDICAL STAFF MO DIRECTOR PHYSICIAN 22e ADDRESS Rockille Md 2085, Stephen Vaccarezza

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certificate

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DHMH - 16 60M 7/84 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL 23b. DATE CREMATION SEPT19,1987

23c NAME OF CEMETERY OR CREMATORY

23d LOCATION METROPOLITAN CREMATORY ALEXANDRIA

VIRGINIA

FRANCIS J. COLLINS, JR.

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

BLVD. W SILVER SPRING, MD 2090 SFP

DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	IYGIEN / 2 6	910
WIDDLE	LAST	20 DATE OF DEATH MONTH DAY	Y YEAR 26 HOUR
lia Alta	MeCorkle	09 0	5 87 8:25 M
White	5. DATE OF BIRTH 12 7 1912		UNDER I YEAR IF UNDER 24 HRS
75. CITIZEN OF WHAT COUNTR		Montgomery	PF DEATH MD
Washington 7	sing Home or other institution (Taylor Hospital (Taylor Hospital)	120 USUAL OCCUPATION La LITYPE OF WORK FOR MOST OF WORKING LIFE)	126 KIND OF BUSINESS OR INDUSTRIAND
E OR OTHER INSTITUTION GIVE RESIDENCE BE DUNTY GEO FOREST	Wille 13d INSIDE CITY LIMITS	2205 Ritchie	Road 20747
MIDDLE Seis LAST	15. MOTHER'S MAIDEN He'ster		mmer's
ARMED FORCES? 166 SOCIAL SE 579 16	6-7115 Myrna L (Graham Same as	#13
r only one couse per line for (o), (b), USED BY: DIATE CAUSE (o)	Carcinom a four	4	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DUE TO, OR AS A CONSEC	Carcinomaton		n
DUE TO, OR AS A CONSEC			
NT CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO THE TI	erminal disease or condition given	IN PART I O
196. CONDITION FOR WHI	CH OPERATION WAS PERFORMED		WERE FINDINGS USED NG CAUSES OF DEATH? NO
DEATH HOUR A.M. MONTH P.M.	DAY YEAR 19	URRED (ENTER NATURE OF JURY IN ITEM 18 PART	I OR PART 2)
21e PLACE OF INJURY (AT HOME STREET FACTORY OFFI	ZEL FARM ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE

Maryland American FATHER'S NAME George 160 WAS DECEASED EVER IN U.S. IF YES 18 CAUSE OF DEATH (Ente PART I. DEATH WAS CAL IMMED remove corbon emotion, or ren offendi TO FUNERAL DIRECTOR: After this certificate has been signed by the otten should be detached for use as the burial-transit permit. Then please remove contract that the should be detached for use as the burial transition. Conditions, if ony, which gave rise to immediate couse (o), stoting the underlying couse lost. PART 2 OTHER SIGNIFICAN CERTIFICATION 190 DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF MEDICAL (IF EITHER NOTIFY MEDICAL EXAM 21d INJURY OCCURRED NOT WHILE and that in (my) (our) apinion death accurred on the date and hour and from the causes stated 226. SIGNATUR DEGREE MEDICAL STAFF ATTENDING PHYSICIAN MPORTANT 27# ADDRESS Washington Nat'l Switland 230 BURIAL, CREMATION, REMOVAL Burial 8Sept1987

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

FOR - STATE REGISTRAR

3. SEX

DECEASED NAME TYPE OR PRINT

Female TO BIRTHPLACE (STATE OR FOREIGN Maryland O CITY OR TOWN OF DEATH Takoma Park

SEP Softer deoth 3

24 FUNERAL DIRI Robert E Wilhelm Funeral Home Suitland Maryland

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221 DATE SIGNED

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			1-	FOR STATE	DEPAR	TMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYCE FICATE OF DEATH		226	917
165	578	SEP I		REGISTRAR EASED NAME FIRST OR PRINTS Hele	Deloris	m	Ponald.	REG. NO	MONTH DAY	YEAR 26 HOUR 987 1/50 N
	ctor. po	. 7	3. SE)	Female	Caucasian		rch 5 1908	6. AGE (IN YEARS LAST BIRT	HDAY) IF UN	NDER I YEAR WUNDER 24 HRS HS DAYS HOURS MIN.
0	death Pa	1	Wa	shington, D.C		WIDOW		Montgome	ry .	WE
201	by the t	18	Si	lver Spring	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE HOLY Cross F	lospi	tal	120 USUAL OCCUPATION HOUSEWIF		26 KIND OF BUSINESS OR NDUSTRY HOME
AND 21	2	36	13a. S	Md.	OTHER INSTITUTION, GIVE RESIDENCE BEFORE TO LAURE	WN	134 INSIDE CITY LIMITS?	12701 Ced	arbroo	20708 ok Lane
MARYL	A STORY	16	1	Walter W. Ho.			Nellie	MIDDLE L.		eitzey
TIMORE	on and es. Pages	e med co		(AS DECEASED EVER IN U.S. AR/ ES, NO OR UNKNOWN) (IF YES GIVE NO N	VE WAR OR DATES)		William B.	McDonald,		same as 13e
I W. PRESTON ST.,	to the certification of the ce	cother traumatic ever		PART I DEATH WAS CAUSE IMMEDIAT Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF TO, OR AS A CONSEQUENCE OF TO, OR AS A CONSEQUENCE OF THE CONSEQUENCE OF THE CONSEQUENCE OF THE CONSEQUENCE OF THE CONSEQUENCE OF THE CONSEQUENCE OF THE CONSEQUENCE OF THE CONSEQUENCE OF T	al V	asselate	decide	al	9 mas.
RDS, 20	and de	o Juntu	NO	PART 2 OTHER SIGNAL CONTROL	CONDITIONS COMPRIBUTING TO	DEATH BU	NOT RELATED TO THE TERM	NINAL DISEASE OR CONE	ITION GIVEN I	N PART TO
AL RECORD	he landon. hos per	Se de la company	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATIO	DN WAS PERFORMED	YES NO		ERE FINDINGS USED G CAUSES OF DEATH? NO
DIVISION OF VIT.	G PHYSICIAN. T ottending physici er this certificate is the burial-transi	ked or Item 18 s	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINER AT WORK ALWORK		19	211 HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR		ORPART 2) COUNTY STATE
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	HOSPITAL Corned by the D FUNERAL D rould be detocited the best of	APORTANT: H		774 PAYSICUATS NAME (1918)	OR PRINT) ENACK	MO	ATTENDING PHYSICIAN 220 ADDRESS 4/13	DR-	Who	aton, md
	T 5 1 2 3	≤	220 B	MPIAL CREMATION PEMOVAL	1235 DATE 234	NAME OF	CEMETERY OF CREMATORY	123d LOCATION		

DHMH - 16 60M 7/84

(VRA 15, 4)

74 FUNERAL DIRECTOR 7601 Sandy Spring Road 756.D. Fleck Funeral Home, Inc. Laurel, Md. 20703FP

23b. DATE 9/9/87

230 BURIAL, CREMATION, REMOVAL (SPECIFY Burial

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23c NAME OF CEMETERY OR CREMATORY 123d LOCATION Cedar Hill Cemetery Suiti

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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL-HYGIENE

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166831 SEP 25	b 87	STATE REGISTRAR			DEFA		ICATE OF DEATH	REG. 1	NO.	1 9	
	1. DEC	CEASED NAME	FIRST		MIDDLE	1	AST	20. DATE OF DEATH	MONTH DAY	Y YEAR	2b HOUR
be oge 3	(TYPE	OR PRINT)	Elsie	e I	ζ.	Mc Ell		Septembe		987	2-2-6 A M
m po	3 SEX	(4 RACE	139	5. DATE C		6. AGE (IN YEARS LAST B	IFTHDAY) IF	UNDERTYEAR	IF UNDER 24 HRS
ector rs of	-19	Female		Cauca	sian		e 12, 1895		2 YRS.	0.113	ALIA.
2 30 0		RTHPLACE (STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNT	RY? 8	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY O	F DEATH	
1 100/		llinois		United	States	WIDOWE		Montgor	nery Cou	inty.	MD
Kilde	III CI	TY OR TOWN OF DE	ATH	11. NAME OF	HOSPITAL, NUI	RSING HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPA	TION	126 KIND C	OF BUSINESS OR
和 经验	Ro	ckville			PONE AC		Hospital	Homemake		Own	Home
113		AL RESIDENCE HE NUR		ROTHER INSTITUTION	GIVE RESIDENCE BI	FORE ADMISSION)					
R 1185		ryland	Mon	tgomery	Rocky:		YES X NO	13e STREET ADDRESS 299 Hurle		ue/ 20	850
# 1 11/27	14. FA	THER'S NAME		WIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME	70.1	145	
1 1 1 1	F	lerbert			Kennedy		Catherine			erbert	
o o o		VAS DECEASED EVER			166. SOCIAL S	ECURITY NO.	17 INFORMANT (Nep	hew) ADDI	RESS 35933	3 Lydo	n
MORE executed and and and and and and and and and an	- "	NO OR UNKNOWN)	(IF TES, GI	VE WAR OR DATES)	335 1	8 1827	Mr. John J.	Fenton/Live	onia, Mi	ichiga	n 48154
BALTIMORE core be executively by section and copers. Pages well.		18 CAUSE OF DEAT	H (Enter a)	nly ane cause per	line for (a), (b)	and ici.i					DALATE DITERVAL CINCET AND DEATH
		PART I. DEATH W		ED BY. TE CAUSE (a)	0	Cand	200 Re ap	maxon	1 al	mes	-7.
or respondence			WWW.ED IV		P AS A CONSE	OLIENCE OF		-			
death death		Conditions, if any	, which	(1b)	K AJ A CONSE	Son	tia mic	-		3.77	
W. PRESTON ST., at the death certification of the attending phere are move carbon proceeding. A creme that the attending is the attending to t		gave rise to impose to impose (a), statu	nediote		R AS A CONSE	0			Kerne	1	
W. hot to by to cose r		underlying cause		(6)	K AS A CONSE	QUENCE OF					
ned ned norm		PART 2 OTHER SIG	VIFICANT	CONDITIONS CO	ONTRIBUTING	TO DE ATH BUT	NOT RELATED TO THE TERA	AINAL DISEASE OR COI	NDITION GIVEN	J IN PART 1	0
RDS n sig Ther to b	NO.										
Do bee	CERTIFICATION	19a DATE OF OPERA	TION	196 COND	ITION FOR WH	ICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206 IF YES, V	WERE FINDIN	NGS USED OF DEATH?
ALR on. hos	Ē							YES NOTO	YES		NO [
r VITAI	E E	210 ACCIDENT WAS UN				DAY WEAR	214. HOW INJURY OCCUR	RED (ENTER NATURE OF IN)	URY IN ITEM 18 PART	T 1 OR PART 2)	
OF OF OF DATE OF DATE OF DATE OF THE	AL	OR CONTRIBUTING		AIR	.M. MONTH	DAY YEAR					
ONO HYSIC Is cer burro Ment or Her	MEDICAL	214 INJURY OCCUR		21e PLACE	OF INJURY		21f LOCATION	CITY OR T	Survey .	COUNTY	STATE
DIVISION OF VITAL RECORDS, 201 NG PHYSICIAN. The low requires the offending physician. Ifter this certificate has been signed be of the burcal-transit permit. Then pleas the and Mental Hygene prior to burial, orked or liem. It shows any injury, or a new control of the most shows any injury, or any control or the most shows any injury, or any control or the most shows any injury, or any control or the most shows any injury, or any control or the most shows any injury, or any control or the most shows any injury, or any control or the most shows any injury, or any control or the most shows any injury, or any control or the most shows any injury, or any control or the most shows any injury.	¥	WHILE NOT WE AT WO	HILE	(AT HOME, ST	REET, FACTORY, OFF	ICE, FARM, ETC)	STREET	CITYORI	DWN	COUNTY	STATE
D or or African		22a.1 certify that (1)		ital) attended th	ne deceased fro	m	1- 19 8	7,10 9-	12 . 19	82.7	that (I) (was last
TIEN pital TOR for u		saw the deceas	ed alive ar	ot) view the bady		9 52.01	nd that in (my) (out o pinian	death occurred on the	date and have a	and from the	causes stated
IRE A hos hed hed ept.		226. SIGNATURE		- C	uner deam.		DEGREE			22c DATE	SIGNAD
the Desire Till H		Kar	5 2	20 am	e w	S	ATTENDING PHYSICIAN	MEDICAL ST.	AFF ICIAN	Sept	1987
SPIT SPIT	1	224 PHYSICIAN'S N	AME (TYPE	OR PRINT)			22e ADDRESS				20814
TO HOSPITAL Letoined by the TO FUNERAL Les should be detail with the Store L. IMPORTANT: If		John 1	Tat	uber, M.	D.		8218 Wiscon	sin Ave.	Bethe	sda, 1	Maryland
5 5 5 4 8 W		URIAL, CREMATION,	REMOVAL	23b. DATE 19, 18	T	TE NAME OF C	EMETERY OR CREMATORY	234 LOCATION			
BP		Burial		19 18	ept.		Heaven Cem.	Silver S		COUNTY	STATE
	24 FL		ohert	Δ D ₁₁ m	phrov F	unoral	Home / 250. DA	TE REC'D. BY REGISTRA			yland
DHMH - 16 60M 7/84 (VRA 15, 4)	Bet	thesda-Che	vy Ch	ase, In	Bothood	Manuelar	nome/ SE	P 24 1987	Julia L	Twider.	Randales

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FOR - STATE

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YGIENE CEDTIFICATE OF DEATH

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		REGISTRAR			CENTIL	ICAIL OI	PLATII	RE	G.NO.	1	
٦		EASED NAME FIRST		MIDDLE	l.	AS1		20. DATE OF DEA	TH MONTH	DAY YEAR	2b HOUR
	(TYPE	OR PRINT) MARTHA	- 275	L.	McINI	YRE		Sept.	27	1987	10:30 ^A
-	3. SE	X	4. RACE		5. DATE C			6 AGE (IN YEARS L	AST BIRTHDAY)	IF UNDER 1 YEAR	R IF UNDER 24 HRS
		'emale	Cauca	sian	Apri		1899	88	YRS	S.	HOURS MIN.
1		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	D NEVER	MARRIED T	9 BALTIMORE CI	TY OR COUN	ITY OF DEATH	
	P	enna.	U.S.A		WIDOWE	O XX	VORCED [Montg	omery		MD.
		TY OR TOWN OF DEATH	(IF NOT IN SUC	HOSPITAL, NURSIN HFACILITY, GIVE STREET A hanute Dr	ADDRESS)	OR OTHER INS	TITUTION	170 USUAL OCCU	OST OF WORKING	GUFET INDUSTRY	OF BUSINESS OR Home
	13a S	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUR Lryland Monte		GIVE RESIDENCE BEFORE 131 CITY OR TOWN Bethesde	N	13d. INSIDE (NO 🗆	130 STREET ADDR 9210 C			(20814)
5		Joseph	MIDDIE L	ieberman		Amel	S MAIDEN NAM	MIDI			erman
		VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU			ant Daugh	ter ^	DDRESS	311331	
	- ('	No	E IVAN ON DATES!	553 52 8	030D	Mary M	. Gray	March-	Same	e as #13	above.
		18 CAUSE OF DEATH (Enter or PART I, DEATH WAS CAUSE IMMEDIA	oly one cause per D BY. TE CAUSE (a)	Respirat		ailure					Mins.
		Canditions, if ony, which	DUE TO, O	RAS A CONSEQUE Rheumato	id Ar	thriti	S			Ye	ars
		gave rise to immediate cause (a), stating the underlying cause last	DUE TO, O	r as a conseque	NCE OF						
	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN							GIVEN IN PART I	10	
?	MEDICAL CERTIFICATION	190 DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	DRMED	YES NO	IN CER	YES, WERE FIND RTIFYING CAUSE YES []	INGS USED S OF DEATH?
)	AL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.	M. MONTH DA	Y YEAR	21c HOW IN	JURY OCCURRI	ED (ENTERNATURE O	FINJURY IN ITEM I	18 PART 1 OR PART 2]	
	MEDIC	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE			211 LOCATI		CITY	ORTOWN	COUNTY	STATE
		220.1 certify that (V (this haspi	tal) attended th	e deceased fram_	Aug.	15	19 87	Sept	.27	19 87	, that (/ (we) last
		sow the deceased olive an abave, (I) (we) (did) (did no	Sept 2	019_8	7, an	nd that in (my	(our) opinion d	eath occurred on t	the date and h	naur and from th	e causes stated
		22b. SIGNATUI	III VIEW THE DUCY	arreit death.		DEGREE	0.000			22c. DAT	E SIGNED
ï		40 Horles	MD				PHYSICIAN X	MEDICAL DIRECTOR P	STAFF	Sep	t.27,1987
		274 PHYSICIAN'S NAME (TYPE C				22e ADDRE	SS				
		Henry Porter	M.D. L	CDR USN	-19-33	Nava	l Medica	al Center	Bethe	sda Mar	yland
		BURIAL, CREMATION, REMOVAL			IAME OF C	EMETERY OR	CREMATORY	23d LOCATION		COUNTY	STATE
		URIAL	Oct.1,			ret Cem		Washi	ngton I	D. C.	
	24. FU	INERAL DIRECTOR DEVOL	Funeral	Home2			e. 25m. DATE	REC'D. BY REGIS	TRAR 25b. REG	ISTRAR'S SIGNA	TURE
		Nobert A	- Wed	Washi	ngton	D.C.	061	07108	7 Tulia	Davidson-	pandelle

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR

TO HOSPITAL

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL TYGIENE

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0				EASED NAME	FIRST		MIDDLE	1	AST .	20. DATE OF DEATH	MONTH DAY	YEAR 26 H	OUR
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	9		3. SE)			4 RACE		S. DATE C		6. AGE (IN YEARS LAST BIR			DER 24 HRS
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	g .	100	7a. 81	CIHPLACE (STATE OR OUNTRY)	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIE	NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF	DEATH	
	to . 1/2	3/	Ne	ew Jersey		United	States	WIDOWE	DINORCED [Montgom	ery_Cou	nty.	MD.
	2/1	Cont	10 CI	TY OR TOWN OF DE	ATH	11. NAME OF	HOSPITAL, NURSIN	IG HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATE		126. KIND OF 8US INDUSTRY	INESS OR
103	49 4 7	70		ockville			kville N		g Home	Foreman		Oil Comp	any
MARYLAND 21201	24 hour	3	13a S	AL RESIDENCE (IF NUR. TATE aryland	13b COU	ROTHER INSTITUTION NTY	GIVE RESIDENCE BEFOR 13t. CITY OR TOW ROCKVILL	/N	13d INSIDE CITY LIMITS? YES X NO [138 STREET ADDRESS / 13308 Vall	ZIP CODE ey Driv	e/20858	
ARYL	l within pletely nd 2 si	James /	14 FA	THER'S NAME Patrick		MIDDLE	McNesby		15. MOTHER'S MAIDEN NA FIRST E11en	WE	0.1	Connell	
	e 6.9	531	14- 14	AS DECEASED EVER	INTER AL		166 SOCIAL SECL	IDITY NO		ADDRE		Connerr	
BALTIMORE,	o o o o	~/	180. 17	ES, NO OR UNKNOWN)		VE WAR OR DATES)	151 10 1		James R. McN	,	as #13.		
LTIA	å (A	-) X			Market				James K. Fich	esby Same	as 1/13.	APPROXIMATE IN	NTERVAL
60	0	13		PART I. DEATH V			nine for (o), (b), on	+:.	11 +	Eila	115) \	ANUDEATH
1S Z	e g	of February States			IMMEDIA	TE CAUSE (b)	ongr	0.1.1	E M CMV	7 1 1 11	V T	4	-644
PRESTON ST	tendi e cor	. 0		Conditions, if ony	which	DUE TO, O	R AS A CONSEQU	ENCE OF					
≥ .	hat the di by the at	l, cremate ather tro		gave rise to im couse (a), stati underlying cause	mediate ng the	DUE TO, O	r as a consequ	ENCE OF					
5, 201	gned	2 0	7	PART 2. OTHER SIG	NIFICANT	CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN	IN PART 110	
DIVISION OF VITAL RECORDS,	low requires	s any inju	ERTIFICATION	19a DATE OF OPERA	TION	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	IN CERTIFYIN	ERE FINDINGS U	EATH?
AL	The Cion	Short	E				e la constitución		Tat Manufacture assure	YES NOW	YES [
FV	A d	10 0 G	U	210. ACCIDENT WAS UN	CAUSE OF DE	ATH HOUR A	M. MONTH D		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I	TOR PART 2)	
O Z	ding ding letter	Te e	MEDICAL	(IF EITHER, NOTIFY MED 21d, INJURY OCCUR			M. OF INJURY	19	211. LOCATION				
/ISIO	3 PH mend mend the b	puo	ME	WHILE NOT W	HILE T	(AT HOME SI	REE1, FACTORY, OFFICE,	FARM ETC)	STREET	CITY OR TO	WN	COUNTY	STATE
ā	P Afte	mork		220.1 certify that (1		pital) attended th	ne deceased from	n a	vil 1 19 8 (- 10 Stut	15 19	87 that	I)(we) lost
	TEN	of He 21 is		saw the doceas	ed alive or	of view the body	22 19	576.0	nd that (my) (our) opinion	death occurred on the de	ste and hour an	d from the cause:	s stated
	OR AT	E E		226. SIGNATURE	did; (glid li	or view the body	diei deoin.		DEGREE			22c. DATE SIGN	ED
	Al O the	ore D		chus	4	CAPT	of prior			MEDICAL STA	IAN 🗌	2/15/	187
	HOSPITAL ned by th FUNERAL	STAN /		22d. PHYSICIAN'S N	AME LYPE	OR PRINT)			22e ADDRESS			1	
	TO HOS	with the State		Cheiva	186	Live	Quant 1	vd	415 WM	ontocus	114	Marks	11114
	7 6 7 4	3 ≤1	23a. B	URIAL, CREMATION	REMOVA	L 23b. DATE	Sent 23c.	NAME OF	EMETERY OR CREMATORY	234 LOCATION	/	DUNTY	STATE
	BP	_		Burial	V		Sept. 987 Ga	ate of	Heaven Cemet	ery Silver	Spring	Maryla	and
	DHMH - 16 50		Rock	INERAL DIRECTOR	Rober	rt A. Pu	mphrey Fu	ineral	Home/ 150. 3	EP211987	256. REGISTRA	REPROVATIONS	
	(VRA 15,	4)		300 Wes	t Mc	ntgomer	v Ave. Ro	ckvi1	le Md.		<u> </u>		

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTARRYGIENE

068043 001	1 - STATE -A 157 ISTRAR			DEPART		EALTH AND MENTA		ÑE & REG. N	O I	6	
	1. DECEASED NAME	FIRST	N	IDDLE	l	AST	2	DATE OF DEATH	MONTH I	DAY YEAR	26 HOUR
y be age 3 death	(TYPE OR PRINT)	CASTUL		BARRERA	200	MEJIA	311	SEPTEMBE	ER 15,	1987	5:10P _M
Te D	3. SEX		4. RACE		5 DATE C		6	AGE (IN YEARS LAST BI	RTHDAY)	IF UNDER I YEAR	
ge 4	MALE		OTHER	Lexical		EMBER 16,1	934		52YRS	MONTHS DATS	HOURS MIN
8 5 g	To. BIRTHPLACE (S	TATE OR FOREIGN	76, CITIZEN OF V	VHAT COUNTRY	8	NEVER MARRIE	9	BALTIMORE CITY		OF DEATH	
eoth College	MEXICO		Mexic	0	WIDOWE			MONTGOMER	Y COUN	TY	MD.
2 2 2	10 CITY OR TOWN	OF DEATH			NG HOME C	OR OTHER INSTITUTIO	N 12	0 USUAL OCCUPAT	ION	12h KIND C	DE BUSINESS OR
201	BETHESDA	P	NIH, TH	FACILITY, GIVE STREE CLINIC	AL CEN	NTER	(Inspecto	OF WORKING LIFE	INDUSTRY Ma	arkets
10 21	USUAL RESIDENCE 130 STATE VA	13b. COUN	OTHER INSTITUTION OF	GIVE RESIDENCE BEFOR 130 CITY OR TOV Falls C	E ADMISSION)	134 INSIDE CITY LIM	AITS? 13	STREET ADDRESS	/ ZIP CODE	9	996
I I I	14 EATHER'S NAME	10114	IIIax	Tails C	Taren	YES NO		2910 Dove	r Lane	-6	(22042)
MARY omplete		ulo B.	Alaniz	LAST		15. MOTHER'S MAID	ebecca			Mejia 'A'	St
PRE, lecut	160 WAS DECEASED		MED FORCES?	16b. SOCIAL SEC	URITY NO.	17. INFORMANT		MEJAPAR	ESS		
TIMO	No	(# 125, 614	E MAKOK DATES!	230-86-	6623	VIRGINIA	BARRI	ERA/(wife)	SAME	AS ABC	OVE
BALI ofe	18 CAUSE OF	DEATH (Enter on ATH WAS CAUSE	ly one couse per	line for (a), (b), a	nd Ici.1					BETWEEN	MATE INTERVAL ONSET AND DEATH
ST.,	PARTI. DE		E CAUSE (o)	BRAIN D	EAD						
NO 4			DUE TO, OR	AS A CONSEQU	ENCEOF						
death		if ony, which	((b)								
F. of F.	couse (o),	to immediate stating the	DUE TO, OR	AS A CONSEQU	ENCE OF				51777		LINGUE TO
W in the	underlying	couse lost	(c)								
RDS, 2C	PART 2 OTHE	RSIGNIFICANT	ONDITIONS <u>CO</u>	NTRIBUTING TO	DEATH BUT	NOT RELATED TO TH	E TERMIN	AL DISEASE OR CON	IDITION GIVI	EN IN PART 1	0
ING PHYSICIAN: The low requires that the death certificate be executed within 24 has otherwise physician. We have cutificate has been signed by the returning physician and completely filled in a sthe buriel-transity permit. Then proposers, Pages 1 and 2 should the and Mental Hygiene prior to buriel-transity permit. The process of the	190 DATE OF (OPERATION	196 CONDIT	ION FOR WHICH	OPERATIO	WAS PERFORMED		200 AUTOPSY?	IN CERTIF	, WERE FINDIN	NGS USED OF DEATH?
VITAL N. The roast property Hygier 18 Aport	210. ACCIDENT	WAS UNDERLYING	216. TIME OF	INJURY		21c. HOW INJURY C	OCCURRED	(ENTER NATURE OF INJU			110
Physical Phy	OR CONTRACTOR	G CAUSE OF DEA	161	A. MONTH D							
HYSICIA nding ph his certifi buriel-th or frem 1	(IF EITHER NOT 21d. INJURY C	IFY MEDICAL EXAMINER	P.A 21e. PLACE C		19	21f LOCATION	-				
DIVISION PH DING PH After this sith and anarked of	WHILE AL WORK	NOT WHILE AT WORK		ET, FACTORY, OFFICE.	FARM ETC	STREET		CITY OR 10	NWO	COUNTY	STATE
D O O O O O O O O O O O O O O O O O O O	220 L cortifu	hat (Within basa)	ol) attended the	deceased from	AUGUST	2 10	9.7	. to_SEPTEM	DED 15	10 87	that (X (we) lost
TEN TOR P TO R	sow the	deceased alive on	SEPTEM	REP 1519	9.7, on	d that in (mX) (our) o	pinion dea	oth occurred on the d	ote and hour	and from the	couses stated
AT AT AT AT AT AT AT AT AT AT AT AT AT A	22b SIGNAL	(we) (did) (đ/đχη)	view the body o	affer deoth.		DEGREE				22c DATE	
TAL OF y the RAL DIII detoch tote De	1	n Offe	Van	mo		ATTEND PHYSIC	IAN []	MEDICAL STA	CIAN X	91	16/87
HOSPITAL	234, PHYSICS	S NAME INTO	20.			220 ADDRESS NAT	TIONA	L INSTITUT	TES OF	HEALTH	H. CC.
A MAPO	M	wit b	4Dice			9000 ROCE	KVILL	E PIKE, BI			YLAND 20892
40000	238 BURIAL, CREMA	TION, REMOVAL	23b. DATE			EMETERY OR CREMA	TORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE
17 BP_/_	Crema	ation	9-17-8		ee's C	rematory		Wash	ington		D.C.
DHMH - 16 60M 7/84	24 FUNERAL DIREC	TOR Marsh	all's F	uneral H	ome	2	SEP	2 9 1987	25h REGISTI	PAR'S SIGNAL	UNRE COMPANY
(VRA 15, 4)		th St NW:					OLF	2 0 1301	0	M. 10 10. 10. 10.	~

BATATE

1 DECEASED NAME

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL TYGIENE CERTIFICATE OF DEATH

		1		100		
	REG. N	10.8		-1		
	20 DATE OF DEATH	MONTH 9	4 /	YEAR 987	7:4	R Ep,
	6 AGE (IN YEARS LAST BE	RTHDAY)	-	RIYEAR	IF UNDER	
6	71	YRS.		DATS	HOURS	MIN,
	9 BALTIMORE CITY	OR COUNT	Y OF DE	ATH		

DECEASED NAME OFIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
(TYPE OR PRINT) DER	VL M	Miller	9.	4 1987 7:484
SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATS HOURS MIN.
FEMALE	WHITE	AUBUST 8- 1916	7/ YRS	
BIRTHPLACE STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUN	TY OF DEATH
New YORK	USA	WIDOWED DIVORCED	monter	mEKY MD
O. CITY OR TOWN OF DEATH		NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	126 KIND OF BUSINESS OR
SILVER SPLING	HOLY C	ROSS.	TEACHER	SCHOOL
30 STATE 136 COL			130 STREET ADDRESS / ZIP CO	
1 FATHER'S NAME		15. MOTHER'S MAIDEN	NAME	
PIRST	MIDDLE	BERY FLORE	MIDDLE	BALL
60 WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL SECTION		ADDRESS	price
(YES, NO OR JINKNOWN)] IF YES, (GIVE WAR OR DATES! 080-07.		MILLER (HUSBAN	D) Same As #13
PART I. DEATH WAS CAU	only ane cause per line for 10 11 ar SED BY- IATE CAUSE (a)	prayon ARE	57	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gove rise to immediate	DUE TO, OR AS A CONSECU	HENCE OF SUI AME	4	9.mo
cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICAN	DUE TO, OR AS A CONSEQU	JENCE OF DEATH BUT NOT RELATED TO THE TE	rminal disease or condition (GIVEN IN PART 1 o

MEDICAL CERTIFICATION

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

190 DATE OF OPERATION	198 CONDITION FOR WHICH OPERATION	4 WAS FERFORMED	200 AOTO/ 5		CAUSES OF DEATH?
			YES NO	YES	NO []
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJI	URY IN ITEM 18 PART 1 OF	(PART 2)
21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO		DUNIV STATE
AT WORK		4			

AT WORK 220.1 certify that (1) (this hospital) attended the deceased from and that in (my) (our) opinion death occurred on the date and hour and from the causes stated saw the deceased alive on obove, (I) (we) (did) (did not) view the bady affect death.

b. SIGNATURE	DEG	REE	220 DATE SIGNED
Frederick &	12m pl.D.	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	

FOREST

22e ADDRESS 224 PHYSICIAN'S NAME (TYPE OR PRINT)

236 DATE

23d LOCATION OWINGS HILLOUNT 23c. NAME OF CEMETERY OR CREMATORY

GARRISON

200 AUTOPSY?

3P	BURIAL	Sea	PT. 9	1987	GARRI
NH - 16 60M 7/84 (VRA 15, 4)	24 FUNERAL DIRECTOR W.W. CHAMBERS	ca. INC.	SILVE	er Sp	RESS RING. 1

CREMATION, REMOVAL

190 DATE OF OPERATION

Division Radice

FOREST

206. IF YES, WERE FINDINGS USED

DHA (VRA 15, 4)

etained by the hospital or

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IMPORTANT: If Hem 21 is morked or Hem

23a BURIAL

(SPECIFY)

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6 4	997 SEP	L DE	CEASED NAME		FIRST		AAI	ODLE		LAST		20	DATE	KNOWN ESTI-	X MONTH	DAY	YEAR	26 HOUR
	SS SS FF	3	Of	De	enise		7	Anne		Mills				MATED	□ 9	4	19 87	M
3/8/	FLES. FILES. FOURS FREET,	3 SE	(4. RACE	5.	DATE OF BIR	RTH	VEAR LAST B		JNDER 1 YR.	IF UNDER		DATE		MONTH	DAY	YEAR	2d HOUR
~	STORY STORY	FE	MALE	BLAC		LINE S		949 38	YRS.	NIHS DAYS	HOURS	MIN PR	DEAD)	9	4	19 87	3:12
_	AND AND AND AND AND AND AND AND AND AND		RTHPLACE (51	ATE OR	71	CITIZEN O	F WHAT	COUNTRY?	8 MAR	RIED NE	VER MARR	ED D	BALTIM	ORE CITY	OR COUN	ITY OF D	EATH	
	BRAZE -		meiori cooliiki)	KY.	. 200	ч.	S. A		WIDO		DIVORC		Mon	ntgom	ery C	ount	У	MD
T	20年以日本 /	10. C	ITY OR TOWN	OF DE ATH	1			AL, NURSING H		THER INSTITU	TION	12a USUA	L OCCUP	PATION (1	YPE OF WORK	12b KIN	INDUSTI	ISINESS
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7 5	DEAD OF		AL RESIDENCE			THER INSTITUTIO		SIDENCE BEFORE AD		13d. INSIDE C	TTY FIMITS?	13e STREE					2	0707
1 2	3是现在5	134	Mod	. 139.	COUNTY	7.		VATTSVIC		YES E	NO 🗌	542	المراجعة	SARG	ENT	20	, -	0110
19	Zana	14. F.	ATHER'S NAME			AIDDLE		A LAST		15. MOTH	ER'S MAIDE	NAME		NODLE			AST	
1	3259207	1	CONAL	20	1)	L	lices	II	B	ETT	1	2	4	CA	RTE	R	
100	A DISA		WAS DECEASED		J.S. ARME		1	SOCIAL SEC		17 INFOR		۸	-	7 30 7	SCAL	DER	D	2.
7.0	A PAGE DIVISIO		NO				12	578-70	-712	9 DEB	DRAH	ALLE		CAP		6415	M	D.
/ 2			18 CAUSE O	F DEATH (E	nter anly a	ne cause per	r line far	(a), (b), and (c)	.)	1				100		BFTW	PROXIMATE	INTERVAL
N Z	24 FEUI TEM 18. ONG W PERMIT. SIENE, D		PARTIDE	ATH WAS	MEDIATE (Myo	cardial f	ibrosis	COL								100
510	THIN 24 CIL IN ITE VER ALON ANSIT PER AL HYGIE REMOVA		12.13			DUE TO	OR AS	A CONSEQUE	ICE OF							134		
97	UTED WITHIN IN PENCIL IN EXAMINER A IAL-TRANSIT O MENTAL HYDON, OR REMODIT			is, if any, se ta imn		(b)_				- 4								
. ≥	PENC PENC AMIL FENT, OR		cause (a) lying cau	stating the	under-	DUE TO	OR AS	A CONSEQUEN	ICE OF									
. 20	EXECUTED WITHING" IN PENCIL INC. IN PENCIL INC. EXAMINER, BURIAL - TRANK I AND MENTAL HANDON, OR REA					(c)						334		1 // -				13
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST	ULID BE EXECUTED "PENDING" IN PI FE MEDICAL EXAL SED AS A BURIAL- F HEALTH AND ME AL, CREMATION, (z	PART 2 OTHER SI	GNIFICANT CO	IDITIONS CON	ITRIBUTING TO D	EATH BUT I	NOT RELATED TO THE	TERMINAL OISE	ASE OR CONDITIO	N GIVEN IN PA	RT 1 to				PCC		7.5
REC	F WED BE ED AS.	CERTIFICATION	19a DATE OF	OPERATIO	N	19b CO	NDITION	N FOR WHICH (PERATION	WAS PERFOR	RMED?					[20 A	UTOPSY?	,
1×1	SHOULD ORD "PE CHIEF A E USED A TOF HEA URIAL, O	FIG	0.00														ES 🔯	NO 🗆
> =	W ENTER	EN -	21a EXTERNA	L CAUSE V	VAS		E OF IN		21c.	HOW INJURY	OCCURRE	D LENTER NA	TURE OF IN	JURY IN ITEM	8 PART 1 OR P	_	13 (2)	NO L
0	S THE WW TO THE HOULD B ARTMEN		UNDERLYING		SE OF DE	- 1	A.M. M P.M.	ONTH DAY										
osi	CERTIFICATE SHOULD SITING THE WORD "PER DED TO THE CHIEF M ES SHOULD BE USED A ES SHOULD BE USED A OF PRIOR TO BURIAL, OF	MEDICAL	21d INTURY C	CCURRED		21e PLA	CE OF I	NJURY (AT HO		OCATION								
2		Z	WHILE AT WORK	NOT WH	ILE	STREET	, FACTORY	, FARM, ETC.)		STREET			CITY OR TO	WN	Ċ	OUNTY		STATE
	E THE		22n Learth			of the remain	s describ	ed abave, held	on Aut	apsy X,	Inspectia		Inquiry		and in my o	ninian		
	A STATE		death results	•	Natural	177		zidegt	Suicide	I. Hami			mined ma			pillion		
	CAM IREG		death resona	Ma	-	10	1	011 0	outlide E		SPECIFY)	Onderen						
	W.Y.	1	ACTUAL	mar	JUNI	te	Ne	The			istan	t MEDIC	ALEXAN	AINED	DATE	IED	9/5	/87
	SEA SEA	1	Samuel Anna	The same of	1		-	and the same		,		INEDIC	AL LAMI	MINGER	3101			
	THE PERSON NAMED IN THE PE		EXAMINER'S (TYPE OR PRI	NAME VT)	Mar	garita	A.	Korell	M.D.	ADDRESS_	111	Penn	St.		E	alto	,MD.	
	TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P. 1 AFTER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2	23a.B	URIAL CREMA	TION REMO			lo.	23c. NAME O	CEMETERY	ORCREMATO	ORY)	23d. LOC	ATION		•(0	UNTY	1 51	ATE
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1	REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	10.	10.74		
	ECEASED NAME FIRST	M	IDDLE	t	AST	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR	D
(14	NELLI	E FRANCE	S MOLINA			SEPTEMBER 2 1987 9:55				
3 S	EX	4. RACE		5. DATE C		6 AGE LIN YEARS LAST BE	RTHDAY) IF U	INDER I YEAR	IF UNDER 24	_
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_	BIRTHPLACE (STATE OR FOREIGN	16 CITIZEN OF W	VHAT COUNTRY?	1.		9. BALTIMORE CITY OR COUNTY OF DEATH				
V	IRGINIA	UNITED S	STATES	WIDOWE	DIN NEVER MARRIED DINORCED DI	MONTGOMER	Υ			MD
V	CITY OR TOWN OF DEATH	(IF NOT IN SUCH	OSPITAL, NURSING FACILITY, GIVE STREET A	G HOME (OR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST -Housewif	OF WORKING LIFE)	INDUSTRY	Home	
	UAL RESIDENCE (IF NURSING HOME OF					1 -nousewii	e .]	AL.	nome	
130	STATE IBL COUL		WOODBRID	٧	13d INSIDE CITY LIMITS?	13e.STREET ADDRESS 908 ALEXIS	ZIP CODE ROAD	2219	799	
JAJ	ATHER'S NAME	MIDDLE			15. MOTHER'S MAIDEN NA	ME				
0	GEORGE WAS		PRITCHETT	7	AMA	TH SEAY	LAS	T		
160	WAS DECEASED EVER IN U.S. AF		166 SOCIAL SECUR	RITY NO.	17 INFORMANT	RESS				
-	NO (16 YES, GIT	/E WAR OR DATES)	226-14-9	118	GENARO J.MOL	J.MOLINA,908 ALEXIS ROAD, WO				
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Z	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last	(b)	AS A CONSEQUE	NCE OF				IN PART I	a	
TIFICATION	gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR (c) CONDITIONS CO	AS A CONSEQUE	NCE OF		INAL DISEASE OR CON		ERE FINDING CAUSES	NGS USED	
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALT

Burial Sept. 6, 1987 Sunset Memorial Gardens Fredericksburg, Virginia

24 FUNERAL DIRECTOR Mountcastle Funeral Home
13318 Occoquan Road Woodbridge, vA 22191

SEP 8 1987 Julia Diridon Landaus

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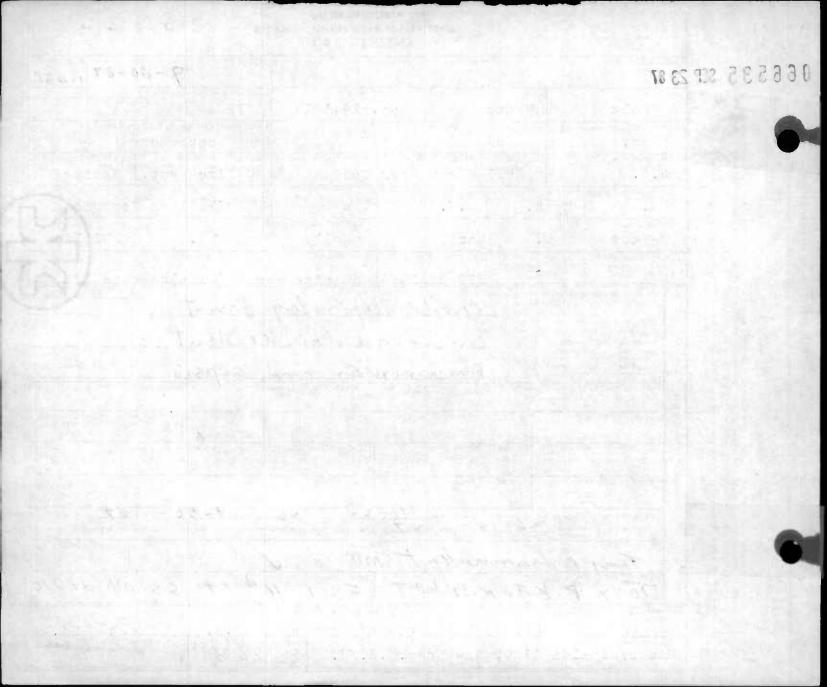
STATE OF MARYLAND

DED ADTMENT OF HEALTH AND MENTAL HYPEIENE

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	REGISTRAR		CECH STOR	CERTIFICATI	E OF DEATH	REG. N	0.		
	CEASED NAME	idney	MIDDLE C.	Morev		20. DATE OF DEATH	9 - 20	-87	16 HOUR
3. SE			White	5. DATE OF BIRTH	4°,191°5	6. AGE (IN YEARS LAST BII	YRS.	MDER I YEAR	HOURS A
	Mass.	FIRST.	CITIZEN OF WHAT COUNTRY? USA	WIDOWED	NEVER MARRIED DIVORCED		gomery	7	
	S.S.	ATH 11.	NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET 2027 Glenn			DC Fire		Ret:	ired
	AL RESIDENCE (IF NUR STATE Md.	13b COUNTY Mont	130 CITY OR TOW	'N 13d. IN YES		13e STREET ADDRESS	12IP CODE R	oss	Road
	Walter	L ^{MID}	Morey		Mo1 Ty	MIDDLE.		Phf.	11ip
	WAS DECEASED EVER (YES NO OR UNKNOWN) N/A	(IF YES GIVE W			rormant uanita Mo	ADDR		ลร	1.3 E
	gove rise to im		(b) CENEUX		what A	cciolen	1		
NOIL	gove rise to im couse 10, stati underlying couse PART 2 OTHER SIG	mediate ng the e lost	DUE TO, OR AS A CONSEOUL (c) POULAN NOTITIONS CONTRIBUTING TO	ENCE OF DEATH BUT NOT R	RELATED TO THE TERM	Selos Inal disease or con	ADITION GIVEN	100	
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	SERVE 2	/d B	RTHPLACE (STATE OR PREIGN COUNTRY)	/6.	CITIZEN OF WH	IAI COUNTRY?		ED NEVER MARRIED	BALTIMORE	CITY OR COUNTY	OF DEATH
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1000	と単独田子	10 C	TY OR TOWN OF DEA	TH 1/ 11.1	NAME OF HOS	PITAL, NURSING HOM	E, OR OTH	ER INSTITUTION 120	USUAL OCCUPATION	ON THE OF WORK	NIND OF BUSINESS
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18	E Edd /	14.6	FIRST	MID	DDLE	TALLICAL	,	EDNA	AME		defination
3	一個なる		WADE	4-1		JOHNSON				200	2
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DIVISION OF VITAL RECORDS.	DUID BE EXECUTED WE PENDING: IN 19 "PENDING: IN 19 SED AS A BURIAL F HEALTH AND MIAL, CREMATION,		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTR	BUTING TO BEATH I	OUT NOT RELATED TO THE TERM	AINAL DISEASI	OR CONDITION GIVEN IN PART 1 to			
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	ILFICATION IN THE FORE FORE FORE FORE FORE FORE FORE FOR		death resulted from:				iicide				
	E B E E		, death resolved from:		osey Ly.	Accident	iicide 🗀		iderermined manner		
	### ### ### ##########################		ACTUAL	16	20	15		TITLE (SPECIFY)		DATE /	C ~ 10/019
	SHEEK T	1	SIGNATURE		1. 1	(0)	M	D	MEDICAL EXAMINER	SIGNED	200141111
	95 - NO	1	EXAMINER'S NAME			2			ARRIED ORCED ADDRESS OR MODUSTRY ACCOUNT EXECUTIVE REUBEN DONNELL IS 13e STREET ADDRESS 20853 AIDEN NAME MIDDLE DRUMMOND SON ADDRESS BOX 6A ARCHER, FLA 32618 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20 AUTOPSY? YES NOTED ADDRESS OR INJURY IN LIEM TO PART 2) CITY OR TOWN COUNTY STATE Pection County In Jury Opinion Undetermined manner		
	NECUTE THE CONTROL EN	-	(TYPE OR PRINT)					ADDRESS			
	FUEFER	230.B	URIAL CREMATION RESPECTE CREMATIO	MOVAL 23b. D.	ATE	23c. NAME OF CE			LOCATION	COUNT	4.4
07/84	BP			SE	PT 19,1	987 METROPO	LITA	CREMATORY DATE REC'D	ALEXANDRI	A	VA.
25M	DHMH - 17	24 F	UNERAL DIRECTOR	DANATO	T CAMPRESS.	500	UNIV	BLVDS. DATE REC'D	ALEXANDRI ALEXANDRI	REGISTRAR'S SIC	NATURE
	(VR A15 ME (5))		T.	KANCIS.	J. COLL	INS, JR.W.,	SILVI	ER SEP 28	1987 July	Javidson-Ad	The same
						SPRIN	G, MI)			

SEP 21

OFIMH 16 60M 7/84 (VRA 15, 4)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR STATE REGISTRAT

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HEGIENE CERTIFICATE OF DEATH

91	OC	RECIETRA?			CERTII	FICATE OF DEATH	REG. N	0.4		
		CEASED NAME FIRST	СН	AMBERS		LAST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
	(IVPE	JUD		ANN	M	IORGAN	SEPTEMBER	25. 1	987	12:30a
-1	3 SEX	X	4 RACE			OF BIRTH	6. AGE (IN YEARS LAST BIR	-	IF UNDER I YEAR	IF UNDER 24 HRS
J.	1	FEMALE	WHITE		JANU	ARY 29, 1941	46	YRS.	MONTHS DAYS	HOURS MIN.
1		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9. BALTIMORE CITY		Y OF DEATH	
2		Vest Virginia	USA		WIDOW		MONTGOMER	Y COL	JNTY	ME
7	10. CI	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN	G HOME	OR OTHER INSTITUTION	12a USUAL OCCUPAT			F BUSINESS OR
4	2 1	BETHESDA	NIH,			CENTER	Home Make		Own H	lome
2	USU/ 13a. S	AL RESIDENCE (IF NUISING HOME OR STATE NORTH 136 COUN	OTHER INSTITUTION,	GIVE RESIDENCE BEFORE		1136 INSIDE CITY LIMITS?	13e STREET ADDRESS	/ 7IP COD	5 GC	1994
/		AROLINA		RALEIGH		YES NO	1501 WEST		-//	27607
2	15 FA	ATHER'S NAME	WIDDLE	LAST	NO	15. MOTHER'S MAIDEN NAM				
2	1	William	J.	Chambers		Freda	MIDDLE		Bellard	
Š		WAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRI	ESS		
		No	- · · · · · · · · · · · · · · · · · · ·	234-68-	1381	EWELL MORGA	AN, HUSBAND		(SAME)	
		III CAUSE OF DEATH (Enter or		line for (a), (b), and	(c).1				APPROXI BETWEEN C	MATE INTERVAL
1		PART I. DEATH WAS CAUSE IMMEDIAT	E CAUSE (a)	C	varia	an Cancer				
		500 S. Falls	DUE TO, O	R AS A CONSEQUE	NCE OF					
		Conditions, if any, which	((b)_							
		gove rise to immediate couse (a), stating the	DUE TO, OI	R AS A CONSEQUE	NCE OF					
		underlying cause last.	(c)							
		PART 2. OTHER SIGNIFICANT	ONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GI	VEN IN PART 110	
	CERTIFICATION									
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	RT I						YES I NOX	Y	ES]	NO 🗑
2	DOT-OIL	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	110110	FINJURY M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 18	PART I OR PART 2)	
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		ILE NOT WHILE	1/		TOMANON	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	(at shallout say as)	ND 0-	0.7	
Н		221 I certify that A Ithis hospi	toll ottended the	e defeased from	JUNE 27	$\frac{3}{19}$, 19 $\frac{87}{19}$ and that in ($\frac{1}{12}$) (our) opinion (SEPTEMB	ER 25	198/1	that 🔻 (we) last
		COURT TO SELECT THE CAN LAUR PRO	t) view the body	gher death.			death accurred an the d	ote and ho		
		22h SHOVATON	/ /			DEGREE ATTENDING _	MEDICAL STA	FF	220 DAVE	SIGNED 7
,		1 m	///			PHYSICIAN [DIRECTOR PHYSIC		1/2	2/8/
П		22d. PHYSICIAN'S NAME (TYPE O	//	_ +5_		22e ADDRESS NATIO	NAL INSTITU	TÉS d	F HEALT	н, 9000
		STAN L	- p/kc			ROCKVILLE P		DA. M	ARYLAND	20892
1	23a 8	BURIAL, CREMATION, REMOVAL	236. DATE			EMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE
	No. of Lot, House, etc., in case of	(SPECIFE Burial	Sep 2/	, 198 / Bet	neı	Unit. Meth Ch.	DIII.		ckinghan	
		uneral director Dunkum Funeral H	lomo D	illwyn, V	4		E REC'D. BY REGISTRAR	256 REGIS	TRAR'S SIGNATI	URE
		dikum runeral E	ioine, D	TILWYN, V	rgi	nia 23936 SFP	30 1987 1	1. A.	2	

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SEP 16 871

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL TYGIENE

8	1 -	FOR - STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL PYGIENE CERTIFICATE OF DEATH REG. NO								
		CEASED NAME FIRST	M	IDDLE	L	AST			AY YEAR	26 HOUR	
	11116	Mari	.e	н.	Mon	roney	Septemb	er 9,	1987	7:28Pm	
7	3. SE		4 RACE		5 DATE C		6 AGE (IN YEARS LAST BIR		IF UNDER I YEAR	IF UNDER 24 HRS	
		Female	Cauca	sian	Aug		61	YRS	DATS	MIN.	
	7a BI	RTHPLACE STATE OR FOREIGN	76. CITIZEN OF W	HAT COUNTRY?	8 AAADDIE	NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY	OF DEATH		
		Ohio	United	States	WIDOWE	D DIVORCED	Montgome	ery Co	ounty	MD	
7		ITY OR TOWN OF DEATH	(IF NOT IN SUCH	FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION	12b. KIND O	F BUSINESS OR	
1		ckville		urtis P			Nurse		Gove	rnment	
5	Ma	at residence (if nursing home of ryland Mon	tgomery	ROCKV1	11e	138. INSIDE CITY LIMITS?	136 STREET ADDRESS . 1005 Cur	ZIP CODE	Place/	20852	
-/	14. FA	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	AE MIDDLE	4	LAS	1	
		Gale	B.	Haughe	у	Edith			Reckne	r	
1	lés V	WAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRI				
	N	YES NO OR UNKNOWN) (IF YES, GR		578 28	8141	William W.	Moroney,	same		13	
	NO	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT ((b) DUE TO, OR	AS A CONSEQUE	NCE OF	of Colon	IN AL DISEASE OR CON	DITION GIVE	EN IN PART 1	0	
1	CERTIFICATION	198 DATE OF OPERATION	196 CONDIT	CONDITION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO				
1		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M	MONTH DA	Y YEAR	21¢ HOW INJURY OCCURR	RRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)				
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE O (AT HOME, STRE	PET, FACTORY, OFFICE FA	ARM, ETC }	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE	
	¥	1) I certify that (I) (this hospital) attended the deceased from							ond from the		
_		224. PHYSICIAN'S NAME (TYPE C	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN D							0/87.	
		Pamela Mu	lshine,			Kens	ington, M			895	
	1	BURIAL, CREMATION, REMOVAL [SPECIFY] BUrial	12, 1	987 Ce	dar	EMETERY OR CREMATORY Hill Cemete	ry Suit	land,	Mary	1and	
	24 Ft R 3 0	uneral director Robert ockwille, Inc O West Montgo	A.Pum	phrey F ve.Rock	uner vill	e, MD SEP	RECTO BY REGISTRAN	256 RECOSTA	PAR'S SINGAL	ASSE .	

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF DEATH

3.	065	560	15	EPATISA P7		DEPARTM	AENT OF H	OF MARYLAND EALTH AND MENTALHYG CATE OF DEATH	REG. NO	9 2	9
1	by be oge 3	7.0	I. DEC	CEASED NAME FIRST Leono		IDDLE	Mos	COSO	SEPTEM 6		87 300 M
	e 4 may be ttor, page after deat		3. SEX	Female,	4. RACE Spanish		3. DATE O		6. AGE IN YEARS LAST BIRTH	MONTHS YRS	
	oth. Pag eral dire 72 hour	616		RTHPLACE ISTATE OR FOREIGN OUNTRY)		VHAT COUNTRY?	8	09/03 NEVER MARRIED DOWN	9 BALTIMORE CITY OR		TH
-	the fund within	orithed of		YOR TOWN OF DEATH	11. NAME OF H	OSPITAL, NURSIN		ROTHER INSTITUTION ST HOSOITA	120 USUAL OCCUPATION OF OF WORK FOR MOST OF HOUSEWITE		IND OF BUSINESS OR
ND 2120	A PORT	33	USUA 13a. S	L RESIDENCE (IF NURS AE OR TATE	OTHER INSTITUTION, C	OWE RESIDENCE BEFORE	N I	134 INSIDE CITY LIMITS?	13. STREET ADDRESS /	ZIP CODE C	Colmar Maron
MARYLA	ad within mpletely and 2 s	The state of the s		THER'S NAME FIRST Me	des C	ardona		15. MOTHER'S MAIDEN NAM		Garri	
IMORE, I	n and cor	Dedicol J	169. W	VAS DECEASED EVER IN U.S. AR (ES, NO OR UNKNOWN) [1F YES, GIV		166 SOCIAL SECU 218-78-5		Elaine Ramire	3406 41st Colmar M		20722
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	equires that the death certificate against the death certificate and the certificate against the certi	to bodiel, cremation, or remarkel.	NO	18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA! Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT (DUE TO, OR (b) DUE TO, OR (c)	AS A CONSEQUE	NCE OF	l hemon ho kidny di	sedse INAL DISEASE OR COND		OPPROXIMATE INTERVAL WEEN ONSET AND DEATH WEEN OST AND DEATH ART 100
I RECOR	ne low re-	2.37	CERTIFICATION	190. DATE OF OPERATION	196. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE IN CERTIFYING CA	FINDINGS USED AUSES OF DEATH?
IVISION OF VITA	G PHYSICIAN: T offending physici fer this certificate s the burial-transis	olth and Mental Mygr marked or Item 18 sh	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF ETHER NOTIFY MEDICAL EXAMINE) 210 INJURY OCCURRED WHILE AT WORK AT WORK	P.A.	A. MONTH DA	19	211. HOW INJURY OCCUR!	RED (ENTER NATURE OF INJURY		
	OR ATTENDIN e haspital ar DIRECTOR: Aft	ept. of He tem 21 is		220.1 certify that (1) this hasp saw the deceased alive on above (1) (2) (did idid ac 22b. SIGNATURE				d that in (my) (our) opinion DEGREE		224.	tho (II) (we) lost om the couses stated
	O HOSPITAL O etained by the TO FUNERAL D should be detac	with the Stote Di		220 PHYSICIAN'S NAME (TYPE OF	S Rosen OR PRINT) Sen	14)		ATTENDING PHYSICIAN 1	MEDICAL STAF		1247
	BP	> 5		BURIAL, CREMATION, REMOVAL SPECIFY) Urial	23b. DATE 09/08/			ton Nat'l Cen	23d LOCATION CITY OR TOWN	Prince County	STATE
	DHMH - 16 6 (VRA 15		24 E	ramers Casch's 739 Baltimore A	Sons Fu	neral	me,	P.A. 25a DA1	E REC'D. BY REGISTRAR	Sto REGISTRAR'S SI	IGNATURE

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

					REGISTRAR				CENTIL	ICATE OF DEATH	REG. N	5.		
5 5	36	12 R	EP 18	- R7	CEASED NAME PE OR PRINT)	FIRST	1	MIDDLE	l	AST	20. DATE OF DEATH		YE AR	26 HOUR
-	าที่	الم ما	-1 1	3 01	PE OR PRINT)	CECIL	WES:	Γ	MOST	ELLER	SEPTEM	BER 9, 19	987	9:08P M
	E	bo Ja		3. S	EX		4. RACE		5 DATE C		6. AGE (IN YEARS LAST BIR	THDAY) IF UNDE	RIYEAR	IF UNDER 24 HRS
	ge 4	ector irs aft			MALE		WHITE		JANU	ARY 31, 1927	60	YRS MONTHS	DAYS	HOURS MIN.
	d	6.9	(8,1	7a. I	COUNTRY)	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DE	ATH	
,	eath	22	7	/	COUNTRY		USA		WIDOWE		MONTGOMERY	COUNTY		MD
	s offer o	by the fa	2	1	BETHESDA	DEATH	NIH, TI	HOSPITAL, NURSIN THE ACTURED THE STREET A THE CLINIC	G HOME C ADDRESS) AL CE	NTER	12a USUAL OCCUPATE (TYPE OF WORK FOR MOST OF Administra	F WORKING LIFE) IND	USTRY	of BUSINESS OR
	24 109	Filled to		130	JAL RESIDENCE (IF O STATE RGINIA	131 COUP	ROTHER INSTITUTION NTY	OAKTON	ADMISSION)	13d INSIDE CITY LIMITS?	3424 LYRAC	ZIP CODE COURT,	221	1949
	-	書き	200	14	ATHER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN				
	31	P	AF	V	Luther		₹.	Mostelle	r	Susie West	t mode		West	Ë
	N	V	1		WAS DECEASED E			166 SOCIAL SECUI	RITY NO.	17 INFORMANT	ADDRE	SS		
	0	100	met		(YES NO OR UNKNOWN	(IF YES, GIV	VE WAR OR DATES)	247-32-6	857	KATHRYN C.	MOSTELLER (W	ife) SAM	E AS	ABOVE
	te b	iciai Sers.	E		THE CAUSE OF DE	ATH (Enter D	nly one cause per	line far (a), (b), and	l ici i					MATE INTERVAL
	tico.	pop	ent,		PART I. DEAT	H WAS CAUSE	D BY			TORY FAILURE		0	FIWEEN	DINSET AND DEATH
	Eert.	ban	o o			IMMEDIA	TE CAUSE (a)	CARDIORE	DI IMA	TORT FAILURE				
	ţ.	To To	to					R AS A CONSEQUE				30/ 51		
	dec	8.84	1	1	Conditions, if		(Ib)_S	SUPERIOR V	VENA	CAVAL SYNDRO	ME			
	the the	128	2		gave rise to couse (a), st	ating the	DUE TO O	R AS A CONSEQUE	NCE OF					
	hat	BA	8		underlying co	use last.	((c)]	INCURABLE	SQUA	MOUS CELL CA	RCINOMA OF L	UNG		
	Se	1	2		PART 2 OTHER S	IGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE OR CON	DITION GIVEN IN I	PART 1	o
	5	The The		NO NO										
	3	mit	647	F	190 DATE OF OPE	RATION	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE		
	e la	per	18/	CERTIFICATION							YES X NOT	IN CERTIFYING C	CAUSES	OF DEATH?
	Th	nsit nsit	Sh of s	ER	21a. ACCIDENT WAS	UNDERLYING T	7 21b. TIME O	F IN ILIRY	-	Tar HOW IN HIRY OCCI	JRRED (ENTER NATURE OF INJU	Name of the last	D 4 D 7 3)	140
	AN	Line H	- 1-1	9	OR CONTRIBUTING		110110 4	M. MONTH DA	Y YEAR		DIVILED (EMIER MATORE OF 1410	IN INTERNET PRANT OR	F MM 1 27	
	SIC	rial	He H	S	(IF EITHER NOTIFY				19					
	HY	sh sh	6	MEDICAL	216 INJURY OCC		21e. PLACE	OF INJURY	APAR ETC 1	211 LOCATION	CITY OR TO	wn co	UNTY	STATE
	Offe	s th	rked	>	AT WORK AT	WORK	(ATTOME, ST	CELL, PACIONI, OFFICE, PA	anivi, cic j					
	0 0	Se o	Ě		220 1 certify that	_	ital) attended th	e deceased fram_	JUNE	16 19 8	/ SEPTEM	BER 9 10 8	37	that X (we) last
	TEN	OBI	21 is	1			SEPTEM view the bady	BER 9 19	87	nd that in XXX) (our) apinio	on death occurred on the d	ate and haur and f		
	AT	EC P	E .		22b SIGNATUR	Cididi (KXX	view the bady	after death		DEGREE				SIGNED
	OR	Deche	# #		220. 31014100	1 6				ATTENDING	MEDICAL STA		CUATE	SIGNED
	A	det	Ę		40	1	NM2			PHYSICIAN	☐ DIRECTOR ☐ PHYSIC	IANLA	9/1	6/37
	SPI	S S S	Y Y		22d PHYSICAN	DONE WA	SHIP (HILL)			22e ADDRESS NAT	CONAL INSTITU	TES OF H	EALT	H, CC,
	HO	ould b			RO	SPR	PERRY	MIO,		9000 ROCKVI	ILLE PIKE, BE	THESDA.	MARY	LAND 20
	of of	Oh Sh	<u> </u>	230	BURIAL, CREMATIC	N REMOVAL	123h DATE		IAME OF C	EMETERY OR CREMATOR				
ì	Och	90	4	1.00	Burial	, HEINOTAL	12 Sep	t 87 DON	olas	Preshy Ch	Cem. Lancaste	r Lanca	eter	S STATE
	BF	1-7	7	24							Lancaste	L, Lanca	o cel	, 0. 0.
	DHME	1 - 16 60/	M 7/84	14	UNERAL DIRECTO	~ 174	. D	al Hômes, 1	71 W.	Maple Ave 150 D	ATE REC'D. BY REGISTRAR	TOB REGISTRAR'S	SIGNAT	URE
	(VRA 15.	4)	10	ney a Kin	g vienr	na runer	ar nome, v	ienna	. Va. S	EP 14 198/	Julia Devida	いった	and and a
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STATE OF MARYLAND

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENT ALMY GIENE
CERTIFICATE OF DEATH

0.05130		STATE	DEPART	MENT OF HEALTH AND MENTALMY (CERTIFICATE OF DEATH	GIENE & O	0 4.
065173 SEP	1	GISTRAR		CERTIFICATE OF DEATH	REG. NO.	
Done .		OR PRINT	MIDDLE	1 1/2	20. DATE OF DEATH MONIH DA	Y YEAR 26 HOUR
200		Ihor		DIUTH	9 2	87 8304M
ffer p	3 SE	T	4 RACE	S. DATE OF BIRTH MONTH DAY YEAR		UNDER I YEAR IF UNDER 24 HRS
recto urs o		LEMALE	CAUC	3 23 US	19 YRS	
7 2 2 P		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT, COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY C	
9 5 2		AUREL, MD.	U.S.A.	WIDOWED DIVORCED	MONTGYMEN	
1 117	10 5	OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREE	NG HOME OR OTHER INSTITUTION A SPORESS	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	126 KIND OF BUSINESS OR INDUSTRY
102 201		DELINESDA	SuburbAN /	+OSPITAL	HOUSEWIFE.	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	13a. S	TATE 136 COUNT	OTHER INSTITUTION GIVE RESIDENCE BEFOR		13e STREET ADDRESS / ZIP CODE	20814
AN CONTROL			HESDA	YES NO 🔀	10307 CHESIRE	TERR.
WALL OF THE PARTY	14. FA	THER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN NA	WE	LAST .
E MADE	-	MARTIN LUTHER			FOSTER WATERS	
AORE ond c		VAS DECEASED EVER IN U.S. AR	E WAR OR DATES)	TOSEDH M	OTYKA - spouse	- 6/2
TIMOR be exe		NO	579-50)-5632 OOSEFII P.	orriva - spouse	
BAL tote operior		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	lly one couse per line for (a), (b), a	73		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ST.			E CAUSE (0) Cordio	pulmonare, a	rrest	ammod.
ON of the corbin	4		DUE TO, OR AS A CONSEQU	ENCE OF	1 -1	6 horas
deo deo otte		Conditions, if any, which gove rise to immediate	(16) accels	Inegocardiol crip	neter	6 decertas
V. PR	0	couse (o), stating the	DUE TO, OR AS A CONSEQU	ENCEOF		- 1 TO 1 S. 1 T.
ol v	Y	underlying couse lost	(c)			
S, 2	2	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIVE	V IN PART 110
ORD request	₽					WERE ENVIOLEN
low low ermine prince	Į.	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTIFY	WERE FINDINGS USED ING CAUSES OF DEATH?
TAL The The Icion te ho	CERTIF	710. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	71z HOW IN HIRV OCCUP	YES NO YES	
IAN: IAN: Physic of Hyg		OR CONTRIBUTING CAUSE OF DE		AY YEAR	KED LENIER NATURE OF INDUKA IN LIEW IS NAW	TTORPARTZ)
NG PHYSICIA offending plants certificate this certificate that one wented or the order of the or	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINES	P.M. 21e PLACE OF INJURY	19 ZII LOCATION		
PH) tend the band A ban	ME	WHILE NO WHILE	(AT HOME STREET, FACTORY, OFFICE,		CITY OF TOWN	COUNTY STATE
DIV DIV OF OF THE OF TH		AT WORK AT WORK		Capres 1967	0/5/	
Tol of the Head		sow the deceased alive an	tal) attended the deceased from	2-7	death occurred on the date and hour	that (I) (we) lost
ATT OSPI OSPI OSPI OSPI OSPI		obove, (I) (we) (did no 27b, SIGNATURE	t) view the body ofter death.	DEGREE	acom occorred on the date and noor	771 DATE SIGNED
Dig		Freeze'	alisa no	ALCO ATTENDING	MEDICAL STAFF	9/2/02
PITAL by the by the by the by the by the by the bed determined by the by	1	22d PHYSICIAN'S NAME (TYPES	IR PRINT!	PHYSICIAN (DIRECTOR PHYSICIAN	1/12/0/
Der the der			CHHILL MD	34116 Ced	nly, Bethesda,	208/10
Should be to the state of the s	22.					-00/9
20		SURIAL, CREMATION, REMOVAL	ZSD DATE ZSC	NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE

DHMH - 16 60M 7/B4 (VRA 15, 4)

State Anatomy Board

Removal 24 FUNERAL DIRECTOR

Balto., Md.

SEP 9 1987 Julia Derden Randale

065173 SEP 1087 Thomas V. METLERA FORMLE CANCE BEECE 99 DETRESSA SHOULDAND HOSPITALS

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 20. DATE KNOWN | TYPE OR PRINT) OF ESTI-DEATH MATED Elliot Morgan Bruce Murrell.II 4 RACE DATE OF BIRTH IF UNDER 1 YR. AGE (IN YEARS IF UNDER 24 HRS DATE MONTH LAST BIRTHDAY) PRONOUNCED Aug. 13, 1987 DEAD Male Black 9-6-76 CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIEDXX FOREIGN COUNTRY) Maryland W CITY OR TOWN OF DEATH USA DIVORCED Montgomery County
128. USUAL OCCUPATION (TYPE OF WORK 128 KIND OF BUSINESS IL NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING (HE) Holy Cross Hospital None Silver Spring HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 13e. STATE JAS COUNTY 20904 13e STREET ADDRESS 13d INSIDE CITY LIMITS? YES . Silver Spring NO [13812 Castle Blvd. Apt. Monta FATHER'S NAME 15. MOTHER'S MAIDEN NAME Brenda Lancaster Bruce E. Murrell 7. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (YES, NO, OR WINKHOWN) Brenda Murrell (Mother) same as #13 None 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Head injuries DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED EXECUTE THE CERTIFICATE. WINTING THE WORD "FENDING" IN PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMONED BE USED AS A BURIAL AFTER DEATH WITH THE STATE DEPARTMENT OF HEALTH AND ME BALTIMORE. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH Passenger in auto/auto collision 4.27PM 9-6- 1987 21e PLACE OF INJURY (AT HOME. 21d. INJURY OCCURRED 211. LOCATION STREET, FACTORY, FARM, ETC.) WHILE NOT WHILE 12400 Block Old Gunpowder Road, Beltsville, ...Prince George's Autopsy X 22s. I certify that II took charge of the remains discribed above, held an Inspection Co., MD death resulted Hamicide Undetermined manner SIGNED. EXAMINER'S NAME ADDRESS 111 Penn Street, Balto, MD 21201 Dennis F. Smyth, (TYPE OR PRINT)

07/84

DHMH - 17

(VR A15 ME (5))

24 FUNERAL DIRECTOR George R. Snowden Rockville, MD 20850

9-12-87

230 BURIAL, CREMATION, REMOVAL 236 DATE

Burial

Md Nat'l Memorial Park

23c. NAME OF CEMETERY OR CREMATORY

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1987

23d LOCATION

Laurel, Pr. Geo, Maryland BY REGISTRAR 256 REGISTRAR'S SKA WITH THE

7b HOUR

2d HOUR

5:50P

1937

OR INDUSTRY

YES &

9-7-87

NO

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physics should be defloched for use as the buriof-transit permit. Then please remove corbon page with the State Dept of Health and Mental Hygiene prior to buriof, cremation, or removiniMPORIANT: If them 21 is marked or them 18 shows any injury, or other traumatic events. retained by the haspital or attending physician. TO HOSPITAL OR ATTENDING

STATE OF MARYLAND

066076 SEP	181	FOR STATE REGISTRAR	•	DEPARTI	MENT OF H	EALTH AND MENTAL HYC ICATE OF DEATH	REG. NO		
Atlanta Report		PECEASED NAME FIRST		MIDDIE	6 1/	AST	20 DATE OF DEATH N	AONTH DAY YEAR	26 HOUR
poge 3		Jul	IA	B Mu	SHIK	J.SK4	SEPTEMBER 1		1:40A M
non po	3 5	7	4 RACE	SEP N	5 DATE O	F BIRTH YEAR	6 AGE IN YEARS LAST BIRTH	MONTHS DATE	
cto		EMALE	CAUCAS		5	31 10	11	YRS	
4 5 5 5		BIRTHPLACE (STATE OR FOREIGN	USA	what country?	WIDOWE	DE DIVORCED	MONTG	FOM ERY	MD.
	3 \$	LIVE SPRENG		HOSPITAL, NURSIN		HOSPITAL	170 USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF HOUSEWIFE		OF BUSINESS OR
NND 212	130	UAL RESIDENCE IN NURSING HOME OF STATE 136 COU!	OTHER INSTITUTION	SILVER S		13d INSIDE CITY LIMITS? YES NO	136 STREET ADDRESS / 11624 LOCKW	ZIP CODE TOOD DRIVE	20904
MARYLAND 21201 red with m 24 flower on polecely little in my on 202 could be		FATHER'S NAME FRANK	~ CHEW	TOŴNSE	ND	IS MOTHER'S MAIDEN NA VIRGINIA	ANNE ANNE	ні	AST LDEBRAND
MORE,	1 160	WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIT	MED FORCES?	577-62-2		17 INFORMANSON H. MUSHINSKY		5 7420 COLS , VIRGINIA	
d d d		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA	nly one couse per D BY. TE CAUSE (o)	line for Ial, (by an	tren	la Fefrel	litor	APPRO BETWEE	NONSET AND DEATH
W. PRESTON ST of the death certify the ottending take to the corbon cremation, or ren other troumatic ev		Conditions, if ony, which	DUE TO, O	R AS A COMSPOS	ENCE OF	abetutus	Planono, C.	eseons 10	non
01 W. PRESTON that the death ce d by the attendin lease remove corb iol, cremation, or i		gave rise to immediate couse (a), stating the underlying couse last	DUE TO, O	RAS A CONSEQU	ENCE OF	hoche.	- pholot-	50	seors.
6 5 6 2 5	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	CE TO TRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR COND		
AL RECOM	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE FIND IN CERTIFYING CAUSE YES []	DINGS USED ES OF DEATH? NO
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requir rottending physicion. This certificate has been sign as the burief-tronsit permit. Then th and Mental Hygiene prior to b orked or frem 18 shows ony injury	-4	OR CONTRIBUTING CALLES OF DE	HOUR A.		AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	THE TEM IS PART I OR PART 2	
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TTEND or IDRI or Use of Heol	8	sow the deceased abuse or obove (1) wer (bid) (did no			87. on	nd that is (my) (our) opinion	death occurred on the dat	te and hour and from the	, the (i) (we) lost ne couses stoted
At OR A v the hoss tal DIREC detoched ore Dept.	1	22b. SIGNATURE	In K	Ode	2 1	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF		TE SIGNED
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Bb———		BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	SEPT15	5,1987 R	OCK CI	EMETERY OF CREMATORY REEK CEMETERY	23d LOCATION WASHINGTON	, D.C. COUNTY	STATE
DHMH - 16 60M 7/8		FUNERAL DIRECTOR FRANC	12 J.COI	LLINS, JR	•	25a DA	TE REC'D. BY REGISTRAR 2	1	Δ
(VRA 15, 4)		500 UNIVERSITY B	LVD. W S		RING,	MD 20901 SE	7 1987	Julia Devideon	· Kindrello

1.	FOR STATE		DEPARTMENT OF I	E OF MARYLAND HEALTH AND MENTAR HYG FICATE OF DEATH	iene 2 6 :	7 3 3
	CEASED NAME	ster	MIDDLE MIGGE	3Kovitz	REG. NO.	11 87 11 A
PLSE!	male	Cau	casian on	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) YR 9. BALTIMORE GITY OR COU!	
5 1	PENNSYLVAN	IA U. S	F HOSPITAL, NURSING HOME		12a USUAT OCCUPATION TYPE OF WORK FOR MONDOF WORKIN	EJEU 126 KIND OF BUSINESS
	AL RESIDENCE AL RESIDENCE AL RESIDENCE AL RESIDENCE AL RESIDENCE AND	MR NO	SUCHFACKIN, GIVE STREET ADDRESSI	134 IN IDE CITY LIMITS?	SALESMAN 13e STREET ADDRESS / ZIP CO	SHOES
) 14 F/	ATHER'S NAME SAMUEL	WIDDLE	MOSKOVITZ	YES NO DIS MOTHER'S MAIDEN NA ETTAPST	ME MIDDLE	KE DRIVE 2081 ROSENBERG
	WAS DECEASED EVER	IN U.S. ARMED FORCES		17 INFORMANT RUTH GARDI		N VALLEY LANE ING, MARYLAND
	PART I DEATH W	AS CAUSED BY IMMEDIATE CAUSE (0) DUE TO, which (b)	CARDIO RESPIA ORAS A CONSEQUENCE OF NEUMO CAST		PNEUMON,	A I Week
NOI	couse (a), statii underlying couse	DUE TO,			CLEWEY SYNOR	
HCAT	19a DATE OF OPERA	TION 196 CON	IDITION FOR WHICH OPERATION	ON WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO NO
ICAL CERT	710 ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER NOTIFY MED	CAUSE OF DEATH CAL EXAMINER) HOUR	OF INJURY A.M. MONTH DAY YEAR P.M. 19		RED (ENTER NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2}
MEDIC	21d INJURY OCCUR	HAT MOME	CE OF INJURY STREET FACTORY OFFICE, FARM ETC.)	211 LOCATION STREET	CITYORTOWN	COUNTY STATE
	sow the decease above (1) (1) 27b. SIGNATURE	Ach	0 19 87	DEGREE MO ATTENDING PHYSICIAN	death occurred on the date and MEDICAL STAFF DIRECTOR PHYSICIAN	hour and Iram the causes stated 27c. DATE SIGNED 9-11-89
1	Carl /	- 1	nberger	170 Ra	ndolph Rd.	Rocker. 1/e
23a	BURIAL CREMATION.	REMOVAL 236 DATE 9/13/	1987 MOUNT L	CEMETERY OR CREMATORY EBANON CEMETE	RY ADELPHI, PR	. GEORGES, MP

STEIN HEBREW MEMORIAL FUNERAL HOVE

232 CARROLL STREET, N. W., WASHINGTON, D. C.

DHMH - 16 60M 7/84 (VRA 15, 4) BURIAL
24 FOUNAL POEMPR

Harvey Con to Contract the Contract to Con

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

OCT

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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1	FOR STATE REGISTRAR			EALTH AND MENTAL HYG ICATE OF DEATH	IENE REG. NO		
4	DI LEASED NAME F	IRS1	MIDDLE	AST		MONTH DAY YEAR	26 HOUR
	(TYPE OR PRINT) TILL	LIE	NA	DLER	9	7-30-89	45
	3 SEX	4 RACE) HITE 5. DATE C	DAY YEAR	6 AGE (IN YEARS LAST BIRT	MONTHS DATE	
_	7a BIRTHPLACE (STATE OR FORE	100	WHAT COUNTRY? 8	- 26-02	9 BALTIMORE CITY OF	P COUNTY OF DEATH	
	RUMANIA	RUMANI	A MARRIEI WIDOWE		MONT	GOME	RY MD.
5	ROCKVILLE	HEBREW	HOSPITAL, NURSING HOME C HOME OF GREAT		TYPE HOUSEWIF		HOME
1		MONT GOMERY	ROCKVILLE	13d. INSIDE CITY LIMITS?		ZIP CODE TRUSE RUAD	20852
1	DAVID	MIDDLE	SMILOWITZ	GERTRUDE	WE	(UNASCE	RTAINABLE
	160 WAS DECEASED EVER IN (YES NO OR UNKNOWN)	U.S. ARMED FORCES? IF YES, GIVE WAR OR DATES)	16b. SOCIAL SECURITY NO. 215-48-5878	JOSEPH NAD		KE STREET LLE MARYLA	ND
	PART 2 OTHER SIGNIFI	hich (b) (b) (lost. (c) (c) (c)	RAS A CONSEQUENCE OF BAS A CONSEQUENCE OF DOTRIBUTING TO DEATH BUT				
3	196 DATE OF OPERATION	N 196 COND	ITION FOR WHICH OPERATIO	n was performed	YES NO	206 IF YES, WERE FIND IN CERTIFYING CAUSI YES	
		SE OF DEATH HOUR A.	M. MONTH DAY YEAR	THE HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART 2	
	WHILE AT WORK AT WORK	LAT HOME STE	OF INJURY REET, FACTORY, OFFICE FARM, ETC.)	211 LOCATION STREET	CITY OR TOV	wn COUNTY	STATE
	220 I certify that (I) the sow the deceased above, (I) (Ye) (did)	is hospital) attended the	- 30 19 8 7, or ofter death.	nd that in (my) (our) opinion	deoth occurred on the do		
	276 SIGNATURE	S. Olle	wof mi	ATTENDING PHYSICIAN (MEDICAL STAF	F	30-87.
	201eto		sioc, mi	6/21 m	ONTRO) SE	
	230 BURIAL, CREMATION, REA	10/2/19		EBANON CEMETE	RY ADELPHI	, PR. GEO.,	MARYLAND
	200NAALDIRENTORSTE		MEMORIAL FUNER		E REC'D BY REGISTRAR	25b. REGISTRAR'S SIGN	ATURE
	232 CARROLL S	STREET, N. C	v., WASHINGTON	, D. C. U.	00 1901	TO POSTUDIO OF	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

26937

066212 SEP	FOR BATE BEGISTRAR	DEPA	RTMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	REG. NO.	6937
	1 DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH DE	AY YEAR 26 HOUR
nay be page 3	Math	ile E.	Nasser	09 1	4 87 1:35AM M
e do	3. SEX	4. RACE	5 DATE OF BIRTH		FUNDER 1 YEAR IF UNDER 24 HRS
s of	FEMALE	WHITE	NOV. 7, 1900	86 YRS M	ONINS DATS HOURS MIN
1 1 9/	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNT		9 BALTIMORE CITY OR COUNTY	OF DEATH
1 15 16	BRAZIL	U.S.A.	WIDOWED DIVORCED	Montgomery	MD.
的詩 第四	10 CITY OR TOWN OF DEATH		ISING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Olnev		General Hospital	HOUSEWIFE .	AT HOME
10 212	USUAL RESIDENCE (IF NURSING HOME COL 136 STATE 136 COL	OR OTHER INSTITUTION, GIVE RESIDENCE BE	FORE ADMISSION) OWN 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE	AVE 00006
N 1 11/1-	I4 FATHER'S NAME	GONEVI PITAFI	R SPRING YES NO [2822 AQUARIUS	AVE. 20906
AR I IV	FIRST	ANDDLE LAST	FIRST	WIDDLE	LAST
X / S	UNKNO 160 WAS DECEASED EVER IN U.S. A		ECURITY NO. 17 INFORMANT	ADDRESS	
N III	(YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)		/	AS ITEM #13)
1 4 1 P	NO	035-20		ND POULIN (SAME	-11-84-
8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	PART I. DEATH WAS CAUS	inly one cause per line for (a), (b), ED BY:	and ice	11/2080	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
5 6 6 6	IMMEDIA	ATE CAUSE (a) CONC	esting heart to	11108	
e deuth o		DUE TO, OR AS A CONSE	QUENCE OF		5. 72 SAN
RES and thou	Canditions, if any, which	(p) 11-7	6.4.0.		
W # ###	cause (a), stating the underlying cause last	DUE TO, OR AS A CONSE	OUENCE OF		
S, 201		CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIVE	N IN PART Tro
A 14 14	E Rena	1 Failure			
DIVISION OF VITAL RECORDS, NG PHYSICIAN TH Increase there this certificate has been income of the buriol-transi permit. The ond Meerical Hygiere price in orked or frem 18 shows over all provided or frem 18 shows over all	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WH	ICH OPERATION WAS PERFORMED		WERE FINDINGS USED ING CAUSES OF DEATH?
ON OF VITA HYSICIAN TH HYSICIAN TH HyBird-tronss Na certificate buriol-tronss Mentol Hygi	210. ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM IS PAI	
SICIAN T entilities or information o			DAY YEAR		
SION O PHYSICI this cert he burial ad Menta	GIF EITHER NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION		250
NG PH offer th os the Ith ond	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFI		CITY OR TOWN	COUNTY STATE
ENDIN Tolor or ruse o Health		oital) attended the deceased fro			9 tho (we) lost
R ATTE hospith RECTO ned for ppt. of fem 21	abave (II) we) (did (did n	at view the body after death	/.	death accurred on the date and hour	
the Dirth of H	276 SIGNATURE	- Rust	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF ORECTOR PHYSICIAN	22c. DATE SIGNED
HOSPITAL ned by the FUNERAL ild be det	224. PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS		
O HOSPITA TO FUNERA Should be di	Egmang 1	ismais 9	~ 18111 Pais	ce Pholo Dr. C	Mary Md
75 - 2 2	230. BURIAL, CREMATION, REMOVA		30. NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
BP	CREMATION	9-15-1987	CHAMBERS CREMATORY	RIVERDALE,	P.G.C. Md.
DHMH - 16 60M 7/84	24 FUNERAL DIRECTOR	ADDRE	20910	TE REC'D. BY REGISTRAR 256 REGISTR	2 2 4 4 4
(VRA 15, 4)	W. W. CHAMBERS	CO. INC. S	LIVER SPRING, Md.	EL 10 1201	indern-Randallo

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		L. CICS		05 miest	T. Y. CH

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 065046 SEP +9 87 DECEASED NAME 20 DATE KNOWN V CTYPE OR PRINTS NELSON ESTI-M. AL DIRECTOR.
YOUR FILES.
IN 72 HOURS ENNIE 198 DEATH MATED 4 RACE DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS DATE 2d HOUR PAL DIRECT MONTH YEAR LAST BIRTHDAY PRONOUNCED 90 YRS DEAD IN BIRTHPLACE ISTATE OR Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED FOREIGN COUNTRY! 0 m 00 Illinois U.S.A. WIDOWED X DIVORCED IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 76 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE! Rockville Potomac Valley Nurseing Home Homemaker At Home SUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSIONI 30 STATE 13b. COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Montgomery Rockville 1235 Potomac Valley Road Maryland YES X NO 🗆 A FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST CHIST William Koss Pokorny Louisa (Daughter) 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO A20817 Maryland. IYES, NO. OR UNKNOWN 326-54-6669 No Shirley Eagan, 5724 DurbinRd, Bethesda, 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL Cardio Rec IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER AT FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PREPAREMENT OF HEALTH AND MENTAL HES BALTIMORE, MARYDAND, 21201 PRIOR TO BURIAL, CREMATION, OR REM Conditions, if any, which gave rise to immediate cause (a) stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IN 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED_LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY 21d INJURY OCCURRED 21f LOCATION AT WORK AT WHILE STREET, FACTORY, FARMLETC Nursing Home Inspection M 224 I certify that I took charge of the remains described above, held an death resulted fram: Notural causes * Accident Suicide Hamicide ___ Undetermined monner

07 84

DHMH - 17 (VR A15 ME (5)) 230 BURIAL, CREMATION, REMOVAL 236 DATE Cremation

ACTUAL SIGNATURE EXAMINER'S NAME TYPE OR PRINT

> 23¢ NAME OF CEMETERY OR CREMATORY Lee's Crematory

23d LOCATION

Washington, District of Columbia 250. DATE RECED BY REGISTRAR 256 REGISTRAR'S SIGNATURE

74 FUNERAL DIRECTOR William Lee's See Sons Company 300 4th. St. N.E. Washington, D.C. 20002

Julia Disidern- Rendalle

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ned by the attending physician and a please remove carbonpapers. Pages

ry, or other troumatic event, the urial, crematian, or removal.

death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN

retained by the haspital or

BP.

STATE OF MARYLAND

	STATE REGISTRAR		CERTIF	ICATE OF DEATH	DEC N		
- 14	CEASED NAME FIRST	MIDDLE	(LAST	REG. N	MONTH DAY YE	AR 25 HOUR
TYPE	EORPRINTI DOFO	2	Ne	wman	Se	pt 121	987 1038 M
3 SE	*Temale	whit	S. DATE C		6 AGE (IN YEARS LAST BIR		YEAR IF UNDER 24 HRS
	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY OF DEAT	
R	ockville	HED F	TY, GIVE STREET ADDRESS).	DIVORCED DIV	17a USUAL OCCUPATI (TYPE OF WORK FOR MOST OF HOMEMAKER	F WORKING LIFE) INDUS	ND OF BUSINESS OR
13a. S	AL RESIDENCE (IF NURSING HOME STATE 13b COU RYLAND MON	INTY 13c CI	SIDENCE BEFORE ADMISSION) ITY OR TOWN OCKVILLE	134. INSIDE CITY LIMITS? YES 🔀 NO 🗌	6121 MONT	ZIP CODE ROSE ROAD:	20852
14. FA	ATHER'S NAME FIRST ELEAZER	MIDDLE	AUSS	CHAT	WIDDIE	B005	
16a V	WAS DECEASED EVER IN U.S. A YES NO OR UNKNOWN) (IF YES, C	RMED FORCES? 166 SC	OCIAL SECURITY NO. 9-01-01467	ELIZABETH ALS		SCHEVY CHA	
		1 OF A	accordance	rucing and	001		
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A	CONSEQUENCE OF	who how	t desea	se l	
NO	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A DUE TO, OR AS A		NOT RELATED TO THE TERMI	- Duracu	AE DITION GIVEN IN PA	RT Iro
TIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A (c) CONDITIONS CONTRIE		NOT RELATED TO THE TERMI	- Duracu	DITION GIVEN IN PAI	INDINGS USED
CAL CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A (c) CONDITIONS CONTRIB 196 CONDITION F 196 TIME OF INJUITED HOUR A.M. M	BUTING TO DEATH BUT	NOT RELATED TO THE TERMI	200 AUTOPSY? YES NO	206. IF YES, WERE FIN CERTIFYING CA	INDINGS USED USES OF DEATH?
MEDICAL CERTIFICATION	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 71a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	DUE TO, OR AS A (c) CONDITIONS CONTRIB 196 CONDITION F 196 CONDITION F 198 CONDITION F 198 PLACE OF INJU 216 PLACE OF INJU 217 PLACE OF IN	BUTING TO DEATH BUT FOR WHICH OPERATIO IRY AONTH DAY YEAR 19	NOT RELATED TO THE TERMI	200 AUTOPSY? YES NO	20b IF YES, WERE FIN CERTIFYING CAL YES THE TEM 18 PART I OR PAR	INDINGS USED USES OF DEATH? NO R1 71
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WEDICAL MEDICAL	Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 71a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DITE OF CONTRIBUTING CONTRIBUTION CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRI	DUE TO, OR AS A (c) CONDITIONS CONTRIE 196 CONDITION F 196 CONDITION F 196 CONDITION F 216 TIME OF INJU HOUR A.M. M P.M. 216 PLACE OF INJU (AT HOME. STREET, FACE) 110 Offended the december of the condition of the conditi	FOR WHICH OPERATION OFFICE, FARM, ETC.) OSSED from 19 OSSED from 19 OSSED from 19	NOT RELATED TO THE TERMINAL NOT RELATED TO THE TERMINAL NAME OF THE TERM	200 AUTOPSY? YES NO CITY OR TO CITY OR TO Jeoth occurred on the di MEDICAL STA DIRECTOR PHYSIC	20b. IF YES, WERE FIN CERTIFYING CAL YES RY IN ITEM 18 PART 1 OR PAI WN COUNTY 19 21c. OTTO	INDINGS USED USES OF DEATH? NO STATE Z., that (I) (we) lost in the causes stated ATE SIGNED

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certifical should be detached for use as the burial-trawith the State Dept of Health and Mental I

FOR

OCT

d ectar, page 3

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTACHYGIENE

8 BAREGISTRAR			CERTIF	ICATE O	F DEATH		REG NO.			
1. DECEASED NAME	EIRST	WIDDIE	ı	AST		20 DATE O	FDEATH MON	ITH DA	Y YEAR	2h HOUR
(TIVE ON PRINT)	WILLIAM	R.	NOF	PER,	JR.	SEPTI	EMBER 28	3, 19	87	5:20A M
3. SEX	4 RACE		5 DATE C			6. AGE IN	YEARS LAST BIRTHDA	Y] IF	UNDER I YEAR	
MALE	CAUCAS	IAN	JUNE	9	19 1 4	73		YRS.	NIHS DATS	HOURS MIN.
To BIRTHPLACE (STATE OR	FOREIGN 76. CITIZEN C	F WHAT COUNTRY?	8	rX		9 BALTIMO	RE CITY OR CO		FDEATH	
PENNSYLVANIA	USA		MARRIE		DIVORCED	MONT	GOMERY			MD
10 CITY OR TOWN OF DEA		F HOSPITAL, NURSIN	IG HOME C		NSTITUTION		OCCUPATION			OF BUSINESS OR
TAKOMA PARK	WASHI	NGTON ADVE	ENTIST	HOSP	ITAL		MANAGE		MAS	ONARY
USUAL RESIDENCE (IF NURS	ING HOME OF OTHER INSTITUTE			A LINE IN LOSING	F C174 11111760	tu cancer	ADDRESS / TIS			
MARYLAND	MONTGOMERY	SILVER S			E CITY LIMITS?		ADDRESS / ZIF		NUE :	20902
14 FATHER'S NAME				15. MOTH	R'S MAIDEN NA	ME				
WILLIAM	R.	NOPPER	R, SR.		STELLA		MAE		WILÎ	KINSON
160 WAS DECEASED EVER		166 SOCIAL SECU	RITY NO.	17 INFOR	MANT		ADDRESS		187	
YES NO OR UNKNOWN)	WWII OR DATES	189-05-2	2283	MARG	ARET J.	NOPPER	R/WIFE/S	SAME	AS 13	
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Hon &	1 Chano	les		DEGREE 40	ATTENDING PHYSICIAN	MEDICAL	STAFF PHYSICIAN		9/2	SIGNEL

BP.

TO FUNERAL DIRECTOR should be detach IMPORTANT

DHMH - 16 60M 7/84 (VRA 15, 4)

ROCKVILLE 15225 SHAOY GROVE RD

MOUNTAIN VIEW CEMETERY

HARDING LUZERNE PENNSYLVANIA

SEPT30,1987 MOUNTAIN VIEW C 24 FUNERAL DIRECTOR FRANCIS J. COLLINS, JR. 500 UNIVERSITY BLVD W SILVER SPRING, MD 20901

BY REGISTRAR 256 REGISTRAR'S SIGNATURE

2070	FOR STATE REGISTRAR	DEPARTM	STATE OF MARYLAND ENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE 2 6	9 4 1
16/34 6 OCT -T	DECEASED NAME FIRST	WIDDLE	A LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
poge 3	SEX	R HENRY	1 VORDSTROM 5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	- 28-87 0304 M
e 4 offer	Male		August 14, 1914	7.0	MONTHS DAYS HOURS MIN,
Podire Podire	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	- 9 BALTIMORE CITY OR COL	INTY OF DEATH
Se Se Se Se Se Se Se Se Se Se Se Se Se S	Illinois	United States	WIDOWED DIVORCED	Montgomery (County MD.
To soft	Rockville	Shady GROVE A	dventist Hospir	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK) Electrician	
AND 2	ontana Lewi	other institution give residence before NTY 130 CITY OR TOWN Helena	YES A NO	109 Gail St. H	
THE STATE OF THE S	FATHER'S NAME	MIDDLE	15. MOTHER'S MAIDEN	MIDDLE	LAST
A P	Francis was deceased ever in u.s. as	Miesowicz MED FORCES? 166 SOCIAL SECUR	Josephin		Lesniak
MOR Pog		E WAR OR DATES)		(Wire)	as #13.
rificote be physicion noopers. Facut, the rife rent, 18 CAUSE OF DEATH (Enter of	ily one cause per line for (a), (b), and			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
. 4 4050	PART I. DE ATH WAS CAUSE	D BY:	ac arres	<u>† </u>	1 hour
on since and the certification of the certification		DUE TO, OR AS A CONSEQUE	NCE OF		15 dans
REST move trour	Conditions, if any, which gave rise to immediate	(b) <u>SPPS</u>	7		Jamp
that the death ce by the attending cose remotion, or a cother troumation, or other troumatic	couse (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE	Pallino		5 days
res		CONDITIONS CONTRIBUTING TO D	EATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CONDITION	GIVEN IN PART 110
TALRECOR	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH (OPERATION WAS PERFORMED		F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES \(\) NO \(\)
AAN: AAN: I Hygic troops	OR CONTRIBUTING CAUSE OF DE	THE PARTY OF THE P	Y YEAR 216. HOW INJURY OC	CURRED (ENTER NATURE OF INJURY IN ITE	M 18 PART I OR PART 2)
ON OF VIII	(IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED		19 211 LOCATION		
ING PHY ontends of the bull ond M and M and M ank or when or who anked or or or or or or or or or or or or or		AT HOME STREET FACTORY OFFICE, FA		CITY OR TOWN	COUNTY STATE
DING or o se as se as mark		ital) attended the deceased from	9 - 8 19	89 to 9-28	, 19, that (It (we) last
pitol pitol	saw the deceased alive or above, (1) (we) (did) (did no	19 View the body ofter death.	ond that in (my) (our) opi	nion death occurred on the date and	hour and from the causes stated
OR A Post	226. SIGNATURE	7	DEGREE ATTENDIN	AG MEDICAL STAFF	220 DATE SIGNED
OSPITAL ed by th UNERAL d be dete the Stote	22d PHYSICIAN'S NAME (TYPE	rgunour	PHYSICIA 22e ADDRESS	DIRECTOR PHYSICIAN	14-9881
T 2 2 5 6 0	JUANN	DRAGHART	5454 Wis	scunsin And Cha	wy Chase Md 2021s
000000	BURIAL, CREMATION, REMOVAL	23b DATE October 23c N	AME OF CEMETERY OR CREMATO	DRY 23d LOCATION	COUNTY STATE
99BP 97	SPECIFY Burial	01, 1987 Res	Surrection Cemet	ery Helena/ Lew	is & Clark/Montana
DHMH - 16 60M 7/84 R	ockville, Inc.	ADDRESS			GIDIKAK 3 SIGNATUKE
(VKM 13, 4)	300 West Montg	omery Ave. Rockvi	Tie, Md.	EP 30 1987 Julia	Devidery Rendaris

and the state of t

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTALHYGIENE CERTIFICATE OF DEATH

REG. NO I DECEASED NAME MIDDLE 20 DATE OF DEATH MONTH DAY YEAR 2b HOUR FRANCES DOUB NORTH 5 DATE OF BIRTH 3. SEX 4 RACE AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTH DAYS 1895 FEMALE WHITE TO BIRTHPLACE (STATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WASH. MONTGOMERY WIDOWED 2 DIVORCED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17h KIND OF BUSINESS OR LIF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) ITYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY GAITHERS BURG SCHOOLS METHODIST TEACHER 136 COUNTY 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS MARYLAND BALTIMORE YES 💢 NEWLAND NO T 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MICHAEL JANE DOUB YRUS EMMA 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO LYES, NO OR UNKNOWNI LIF YES, GIVE WAR OR DATES! ANNA MARY 214-40-7564 KODERICK No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for 101, (b), and 10-1 PART I, DEATH WAS CAUSED BY. IMMEDIATE CAUSE dio-Pulmonory Arrest Canditions, if any, which gave rise to immediate DUE TO, OR AS APPNSEQUENCE OF UCED cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20s AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [NO [21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER) PM 19 MEDI 21d INJURY OCCURRED 21 PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE, FARM ETC 1 NOI WHILE AT WORK 220.1 certify that (1) (this haspital) attended the deceased fram. and that in (my) tour) opinion death accurred on the date and hour and from the causes stated 221 SIGNATURE DEGREE 22c DATE SIGNED PHYSICIAN T DIRECTOR PHYSICIAN 230 BURIAL CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY

DHMH - 16 50M 4/82 (VRA 15, 4)

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TIMORE, MARYLAND 21201	be searcid withing a hours offer death. Page 4 may be	in and ampliting filled in by the Tureral director, page 3. Pages, and 2 shalld be filled within 72 hours after doubt-medical agreement and problems and an area.	18 18
DIVISION OF VITAL RECORDS, 201 W. PRE TON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTERDING PHYSICIAN. The law requires that the contribute be seen if withing a hours after death. Page 4 may be retained by the hospital or attending physician.	10 FUNERAL DRECTOR. After the certificate has been signed by the all ending physician and amplicity find in by the tuneral director page 3 should be detected for use as the burial transit permit. Then please remain in an remain. Poges and 2 should be filled within 72 hours after doubt with the State Dept of Health and Mental Hygane prior to burial, cremain in, an remaind. MRDOR7ANT if there 21 is marked or them 18 shows any injury, or other trailmatic event, the medical against another only and director.	

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND

H	7/8		1	FOR	DEP		E OF MARYLAND IEALTH AND MENTA	BHYGIENE 2	6 9	4 0	
0 6 7	215	CED .	24	- STATE REGISTRAR			ICATE OF DEATH		NO.	M. H.	
001	2 1 3	JEI .		Sala	WIDDIE	Nuc	AST Le_	20 DATE OF DEATH	9 1	9 87 2b	115 AM
	pe 4 may		1		RACE White	5 DATE O	OF BIRTH	6 AGE (IN YEARS LAST		IF UNDER I YEAR IF	UNDER 24 HRS OURS MIN
N	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	9	70	BIRTHPLACE ISTATE OR FOREIGN 76 COUN POLAND	U. S. A.	MARRIE WIDOWI	NEVER MARRIE	9 BALTIMORE CITY			MD
101	by the to	100	5	ilverSpring	HOLINGUCTACHES, N	Hospital	OR OTHER INSTITUTIO	120 USUAL OCCUP	ATION	12h KIND OF B	USINESS OR
MARYLAND 2120	1 P	\$	No.	UAL RESIDENCE VIE NURSING WAS OR OR OF STATE UST ATE WONTGO	mer institution give residence Y Silve	TOWN Spring	134 INSIDE CITY LIM	_ ////// 71-4	s / ZIP CODE	reet 20	5902
MARYL	(3	1/5	0	FATHER'S NAME TSTAEL	G. Ger	shon	15. MOTHER'S MAID			Schupak	
1MORE,	1	medico/	160	WAS DECEASED EVER IN U.S. ARMI		SECURITY NO. 6-4784-B	17. INFORMANT Felix Nuo	lel (Same as #	13)	11-11-1	
51., 8ALI	officate physica	emoral event, the	ſ	18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE		did-	Julno	uory au	es J	BETWEEN ONS	E INTERVAL ET AND DEATH
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W. PR	but the by the o	A, cremat other to	T	gave rise to immediate couse (a), stating the underlying cause last	DUE TO, OR AS A CON	SECUENCE OF	2 fre	reg bles	ano		
05, 20	davines a	to burid njury, or	3	PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING	G TO DEATH BUT	NOT RELATED TO TH	E TELMINAL DISEASE OR CO	NDITION GIV	EN IN PART Tro	
I RECOS	he law re on. hos been	out out	2	190 DATE OF OPERATION	19b. CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20h IF YES IN CERTIF YE	, WERE FINDINGS YING CAUSES OF S	S USED DEATH?
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VISION	G Perrsi otherding ter this o	And Me	Name of the last	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY O	OFFICE, FARM ETC)	211 LOCATION STREET	CITY OF	TOWN	COUNTY	STATE
0	TIEFDIN pital or TOR Al	of Health	1	It I certify that (I) (this haspita naw the deceased alive an	5-18		nd that in (my) (gu)	pinion death occurred on thi	dote and hav		it (I) (we) last uses stated
-	AL OR A SAL DIRECT	ote Dept.		776 SIGNATURE DE	il Ma	w,	ATTEND PHYSIC	DING MEDICAL S	TAFF SICIAN [221 DATE SIG	1/87
	O FUNER	# the Ste		22d PHYSICIAN SNAME INFO	KRAME	R	22e ADDRESS	13 georg	sa G	se 88	· nd
	BP	2337		BURIAL, CREMATION, REMOVAL (SPECIFY BUXIAL)	9/20/1987	Mount	EMETERY OR CREMA Lebanon		ville,	P. G.,	Mar.
	DHMH - 16	60M 7/84	2	ONALADOMICIOSTEIN HE 32 CARROLL STREET	BREW MEMORIA N. W. WAS	L FUNERA HINGTON.	L HOME 2	'SEP"2"5"1987"	AR 246 REGIST	TAR'S SIGNAPUR	لأحوف

068	8 2 6 SEP 2	518	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTATHYG	1	3 7	and ma		
	. 85		EASED NAME	FIRST		MIDDLE	105	O'Brien	20 DATE OF DEATH	HINOM	DAY YEAR	2h HOUR	
	noy be page 3		R	оу		в. О	BK	IEN	7/17/81			8 HM	
	E d	3 SEX		- 4	RACE		S. DATE C		6. AGE IIN YEARS LAST BIR	THDAY)	IF UNDER I YEAR	IF UNDER 24 HRS	
	s oft		Male		wh	ite	FEBRU	ARY 22, 1903	84	YRS.	MONTHS DAYS	HOURS MIN	
			RIMPLACE (STATE ORFO OUNTRY) ASSACHUSETT	10	CITIZEN OF TUNITED	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED D				MD	
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ND 21	24 hau filled in partd be	13a. S	TATE aryland	136 COUNT	omery	13c CITY OR TOW Kensingt	N	134 INSIDE CITY LIMITS?	13e. STREET ADDRESS	ridae	Street	/ 20895	
MARYLAND 2120	ampletely of 2 short		THER'S NAME FIRST		IDDLE	LAST		15 MOTHER'S MAIDEN NAM		1000	LAS		
Ž	TO EX TO		Edward	B€	ernard	O'Bri		Alice			Car		
m.	7		(AS DECEASED EVER II		NED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRI	ESS 2	723 Ced	ar Drive	
MO	n and c Pages	,	Yes	WW	II	216-44-3	132	Maureen O'Br	ien Kirklan	nd, R	iva, MD	21140	
f., BALTIMORE,	physicia npapers maval		18 CAUSE OF DEATH PART I. DEATH WA	AS CAUSED	BY:	line for 101, (b), and melan					BETWEEN	MATE INTERVAL DISET AND DEATH	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	the attending remave carbo emation, or re		Canditions, if ony, gove rise to imme cause (a), stating	ediate	(b)	R AS A CONSEQUE			TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PARTITION OF BRIED OF BRIEN KIRKLAND, REGISTRATES OF COUNTY OF DEADLY COUNTY OF				
s, 201 w	gred by an piece burnel, or	7	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART To										
RECORD	for requirement the	FICATIO!	190 DATE OF OPERA		196 COND		OPERATIO	N WAS PERFORMED		IN CERTI	FYING CAUSES	OF DEATH?	
Z	48 2184	E	710. ACCIDENT WAS UNDE	EBLUMBIC [7]	216. TIME O	SE INTUIDY		Tale HOW INTIDRY OCCURS				№ □	
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VISION	G PHYS ortending er this o	MEDIC	21d INJURY OCCURRE	LE 🗍	218 PLACE	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	21E LOCATION STREET	CITY OR TO)WN	COUNTY	STATE	
٥	TENDIN orbal or TOR. At or vie o of Health		22a.1 certify that (1) (saw the decease above, (1) (wa) (di	this hospited	SEPTEM	BER 8 19	07	ILIARY 19 70 nd that in (my) (our) opinion of				that (1) (we) last causes stated	
0	the hosp tocked tocked tocked tocked		27% SAGNATURE	HAH (ala nat	View the body	c //		DEGREE ATTENDING	MEDICAL STA		271. DATE	SIGNED 187	
	O HOSPITAL Tollined by III O FUNERAL Novice be det who fit he Store		226 PHYSICIAN 5 NA	ME GITTE OR	PRINT	Rom		22e ADDRESS	J DIRECTOR DO PHISH	A I		1. 1	
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	BP		URIAL, CREMATION, R SPECIFY) Cremat		9-20-			TEMETERY OR CREMATORY Litan Cremato:	CITY OF TOWN	aci c	Virgin	STATE	
	DHMH - 16 50M 1/81 (VRA 15, 4)	24 FU	INERAL DIRECTOR	Rich	ard Rap	p, Inc.		250. DAT		256 REGIS	TRAR'S SIGNAT	URE .	
	(100 10' 41		P. O. Bo	× 433	52, Wa	shington	DC.	20010	1 2 2 1001	0			

STATE OF MARYLAND T - STATE DEPARTMENT OF HEALTH AND MENTAPHYGIENE

CERTIFICATE OF DEATH

~ L		REGISTRAR					REG. NO),						
۲	15	SED NAME FIRST	MIDDLE		t.	AST	20 DATE OF DEATH	DAY YEAR	26 HOUR					
	(1.45		lontaha	S.	O'D	onnell		87	12:30AM					
П	3. SEX	X	4 RACE		5 DATE C		6. AGE (IN YEARS LAST BIRT	HDAY)	MONTHS BATS	IF UNDER 24 HRS				
П	FE	EMALE	CAUCASIAN	I	FEBR	UARY 17,1900	87	YRS		Mark.				
7		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHA	T COUNTRY?	B. MARRIEI	NEVER MARRIED	9 BALTIMORE CITY OF	COUNT	TY OF DEATH					
		EBANON	U.S.A.		WIDOWE		3//							
1	10. CT	Olney	11. NAME OF HOSE (IF NOT IN SUCH FACE Montgomer	ILITY, GIVE STREET	ADDRESS)	ospital	120. USUAL OCCUPATION (TYPE OF WORK FOIL MOST OF WORKING LIFE) HOUSEWIFE INDUSTRY							
	13a S	AL RESIDENCE TIF NURSING HOME STATE 13b. CC MON	DUNTY 13c.	RESIDENCE BEFORE CITY OR TOWI LVER SI	N	13d INSIDE CITY LIMITS? YES NO	13. STREET ADDRESS / 15101 INTER	ZIP COI	DE	0906 808				
1	14 FA	THER'S NAME BARAKET	MIDDLE	SAFADY		15. MOTHER'S MAIDEN NAA NABIHA	MIDDLE		CADRI	î				
1	160 V	VAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES	GIVE WAR OR DATEST	SOCIAL SECU		17. INFORMANT ADDRESS								
		NO	21	5-44-3	188	CHARLES W. 0	SAME AS 13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH							
20	TION	4 tenowe the	er, pluma	RIBULING TO D	DEATH BUT	me mellotions	AINAL DISEASE, OR CONDITION GIVEN IN PART to longes the heart of level failure							
7	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION	N FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO NO							
7	MEDICAL CER	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE EITHER NOTIFY MEDICAL EXAM	DEATH HOUR A.M. P.M. 21e PLACE OF IT	MONTH DA	19									
	ME	WHILE NOT WHILE AT WORK	(AT HOME STREET, F	ACTORY, OFFICE, F	ARM, ETC)	STREET	CITY OR TO	ΛM	COUNTY	STATE				
3		22a I certify that (I) (this has sow the deceased alive	on 3 Syx	198	7.0	23 , 1987 and that in (my) (our) opinion o	eoth occurred on the do	te and h		that (I) (we) last causes stated				
		showe, Hr (we) (did) introduction the body offer death. 276 SIGNATURE ATTENDING MEDICAL STAFF PHYSICIAN → DIRECTOR → PHYSICIAN ATTENDING MEDICAL STAFF PHYSICIAN → DIRECTOR → PHYSICIAN								SIGNED 8				
		Donalle D				22e ADDRESS 2901	Uney, MD. 20832							
		BURIAL, CREMATION, REMOV				EMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE				
	Ė	BURIAL	SEP. 8.19	87 GA'	TE OF	HEAVEN	SILVER SPI	RING	MONTGOM	ERY MD.				

74 FUNERAL DIRECTOR FRANCIS J. COLLINS, JR.
500 UNIVERSITY BLVD., W. SILVER SPRING, MD. 2090 SEP 14 1987 AND PROGRAMMENT OF THE

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTO

BP.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTADHYGIENE CERTIFICATE OF DEATH

		CEASED NAME	FIRST	٨	AIDDIE	ı	AST	20. DATE OF DEATH	MONTH DAY	YE AR	26 HOUR	1	
3	{ TANE	OR PRINT)	SAR	A FRANCI	ES OLIVER	3		SEPTEMBER 12 1987 3:14 Pm					
	3. SE)	X		4 RACE	022,02	5. DATE C		6. AGE (IN YEARS LAST BH	RTHDAY) IF UND	DER I YEAR	IF UNDER 2		
-	F	EMALE		CAUCAS	IAN	NOVE	MBER 2 1935	51	YRS	DAYS	HOURS	MIN,	
10		RTHPLACE (STATE OR	FOREIGN	b. CITIZEN OF	WHAT COUNTRY?	8	_	9. BALTIMORE CITY		EATH			
//		ENNESSEE		UNITED	STATES	WIDOWE	D NEVER MARRIED DIVORCED	MONTGON	1ERY			MD.	
TV	10 CI	TY OR TOWN OF DE	ATH			NG HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPAT	ION 128		F BUSINES		
6		BETHESDA	- 6	1	HAVAL HOS	SPITAL	,	HOUSEWI]		DUSTRY			
	13a S	AL RESIDENCE (IF NUR STATE RGINIA	ALEXA	TY	13c. CITY OR TOW ALEXANDE	/N	13d. INSIDE CITY LIMITS?	309 YOAKUN	/ ZIP CODE 1 Parkway	1 /22	304	K	
1/)	FA	ATHER'S NAME		AIDDLE	IAST		15. MOTHER'S MAIDEN NAM	ME MIDDLE		LAS			
MI				LLACE D	1			Y WICKHAM		LAS			
10	16a. W	VAS DECEASED EVER		MED FORCES?	16b. SOCIAL SECU	JRITY NO.	17. INFORMANT	ADDR	ESS		8,40		
2	(1	NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES	408-52-	-9900	LYNN ADKISSO	N,868 NORWA	ALK DRIVE	, NAS	HVILI	E,T	
. 4		18 CAUSE OF DEAT			line far (a), (b), an	d (c).)		F F F F F W		BETWEEN	MATE INTERV	AI DE ATH	
		PART I. DEATH V		CAUSE (a)	LIVER FAI	LLURE							
				DUE TO, OF	R AS A CONSEQU	ENCE OF							
5		Canditians, if any		(b)	METASTA	CIC BR	REAST CARCINOM	IA			_		
	gove rise to immediate cause (al., stating the underlying cause last.												
				(c)_									
5	z	PART 2 OTHER SIG	NIFICANTC	ONDITIONS <u>CC</u>	INTRIBUTING TO	DE ATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN	PART 110	0		
	ATION	19a DATE OF OPERA	TION	19h CONDI	TION FOR WHICH	OBSBATIO	N WAS PERFORMED	20a AUTOPSY?	ICE HEED				
/	FIC	DATE OF OFERS	(1)014	176. CONDI	HOITTOK WITHOUT	OFERATIO	IN WAS PERFORMED	IN CERTIFYING CAUSES OF DEAT					
	CERTIFIC	21a ACCIDENT WAS UN	DERLYING	21b. TIME O	FINJURY		21c HOW INJURY OCCURR	YES NO YES NO RRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)					
4		OR CONTRIBUTING		***	M. MONTH D								
	MEDICAL	(IF EITHER NOTIFY MED		21e PLACE (19	211 LOCATION						
	ME	WHILE NOT W	HILE	(AT HOME, STR	EET, FACTORY, OFFICE, F	ARM, ETC)	STREET	CITY OR TO	IMN CO	OUNTY	STA	ATE	
		22a 1 certify that (1) (this haspit	al) attended the	e deceased fram_	SEPTE	MBER 5 19 87	, to SEPTEM	BER 12 19 8	7	that (I) (w	e) last	
4		saw the deceas	sed alive an	SEPTEMB	ER 12 19.8	-	nd that in (my) (aur) apinian o	death accurred an the d	ate and have and	fram the	causes stat	led	
6	11	226 SIGNATURE	old / (old flat	/	arrei dedin.		DEGREE	P. C. C. C.	1 2	2c DATE	SIGNED		
		fore	-0.	Ans	~ M	1)	ATTENDING PHYSICIAN	MEDICAL STA		1459	4 8	/	
1		224 PHYSICIAN'S N	AME (TYPE OF	PRINT			22e. ADDRESS NAVAT	HOSPITAL					
1		JAMES A	. SWEN	SON, LT	, MC, USI	NR		SDA, MD 208	314-5011				
1		BURIAL, CREMATION	, REMOVAL	23b. DATE	236.4	NAME OF C	EMETERY OR CREMATORY	23d LOCATION					
	L '	Remova1	E HT.	14 Sep	t 87	Unive	rsity of the H	Health Scie	nces, Bei	these	la, M	D	
/84		JNERAL DIRECTOR					25a. DAT	E REC'D. BY REGISTRAR	25b. REGISTRAR'S	SIGNAT	URE	,	
	Capitol Funeral Service, Falls Church, VA SEP 17 1987 Julia Dividen Radaes												

DHMH - 16 60M 7

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	w.// NO.	31 15	
Bot	ASED NAME	FIRST		AIDDLE	PAC	DOW	20 DATE OF DEATH	9 30		26 HOUR 2
3 SE			RACE WHIT	E	5. DATE C	DF BIRTH	6 AGE (IN YEARS LAST B			HOURS MIN
	RTHPLACE (STATE OR FO	0	US	MHAT COUNTRY?	WIDOWE		MONT 6	OMER	F DEATH	ME
57	LUER SPATA	us	HOL	4 CAOSS	ADDRESS)	or other institution	120 USUAL OCCUPATION		CAND	
	AL RESIDENCE (# NURSI STATE MD,	NG HOME OR OT 136. COUNTY MONTGO		GIVE RESIDENCE BEFORE 136. CITY OR TOW STURY SP	N	134 INSIDE CITY LIMITS?	13e STREET ADDRESS 3309 Sc	/ ZIP CODE TLO MON	CT.	20906
	EZRA FIRST	ANI	DDIE	PADOW		SARAH	MIDPU	NASCERT.		
16s V	VAS DECEASED EVER		ED FORCES? VAR OR DATES)	577-48-1		HARRYETTE	A. RACHLIN		BANQUO R SPRIN ANDWEEN ON	JG.
NOI	Canditions, if any, gave rise to imm cause (a), stating underlying cause	nediate g the last	DUE TO, OI	R AS A CONSEQUE	NCE OF	NOT RELATED TO THE TERM	MINAL DISEASE OR COI	ndition giver		nths
CERTIFICATION	190 DATE OF OPERAT				OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIFYI YES	WERE FINDING ING CAUSES C	
MEDICAL CE	21a. ACCIDENT WAS UND OR CONTRIBUTING CO (IF EITHER NOTIFY MEDIC 21d. INJURY OCCURR WHIE NOT WH AT WORE NOT WH	AUSE OF DEATH	21e PLACE	M. MONTH DA M.	19	216 HOW INJURY OCCUR	RED (ENTERNATURE OF IN)		(1) OR PART 2)	STATE
	220.1 certify that (1) saw the decease abave, (1) (we) (d) 226 GIONATURE	d alive on_	9/3	19.5		nd that in (my) (our) apinion DEGREE ATTENDING PHYSICIAN		date and have d	-	
	224 PHYSICIAN'S NA	ME LIVE ORS	SIL		10	106 IRVING	ST, N.W.		1. DC	20010
	BURIAL, CREMATION,	REMOVAL	23b DATE 10/2/1			ERAMON OF UTT	ADFI DHT	DD GF	AUNIY MAI	מלא'ג ועו

DHMH - 16 60M 7/84

BP.

(VRA 15, 4)

FOR

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200 MALDIRM: OSTEIN HEBREW MEMORIAL FUNERAL HOME 1250 DATE REC'D. 232 CARROLL STREET, N. W., WASHINGTON, D. C. ULI 05

REGISTRAR 256 REGISTRAR'S SIGNATURE

BP

DHMH - 16 60M 7/B4 (VRA 15, 4)

FOR

SEP

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3) '87	REGISTRAR				CERTIF	ICATE OF DEATH			REG. NO			
Ì		EASED NAME	FIRST	N	NIDDLE		AST	2	a DATE OF DE		H DAY	YEAR	16 HOUR
1	TITPE	JACO	ob		PI	APZ.	EGOL			9	20	-S7	3585
Ī	3. SEX	11/		RACE		5. DATE O	DAY YEA		AGE (IN YEAR	S LAST BIRTHDAY)	IF UN		HOURS MIN.
I		VIALE		WHITE		1	.21. 0	2	85		YRS.		
2	-	RTHPLACE (STATE OR F	OREIGN 7b.		WHAT COUNTRY?	MARRIE[NEVER MARRIE	00 19	BALTIMORE	CITY OR CO	UNTY OF C	DEATH	
		USSIA TY OR TOWN OF DEA	TH 11		A.	WIDOWE	D DIVORCED		20 USUAL OC	U/S	0/1	THE PERSON	BUSINESS OR
0	sil	ver-SP	RING.	HOLLY	H FACILITY, GIVE STREET A	DDRESS) 5	HOSPITAL		TYPE OF WORK FO	R MOST OF WORL	(ING LIFE) IN	NDUSTRY	ATESSEN
1	13a S	L RESIDENCE (IF NURS TATE ARYLAND	136 COUNTY	61	13c CITY OR TOWN		13d. INSIDE CITY LIMI YES NO			WESTH	CODE OLM C	OURT	20906
A		BRAHAM	MIDI	DLE	PAREGÖL		DORA PIRST	EN NAME		AIDOLE		LAST	
	16a W	AS DECEASED EVER	IN U.S. ARME (IF YES, GIVE W.		578-07-0		17 INFORMANT VIVIAN	PARE	GOL. 1	5036 W	ESTHO	LM. COL	URT
		18 CAUSE OF DEATH	AS CAUSED B	SY:	le de son la de	ile			5	LLVEK	SPKIN	MIN L	NSET AND DEATH
1			IMMEDIATE C	1	1		1		-	1		()	7
		Conditions, if ony,	which (DUE TO, CE	As Prohatone	NC DI	10candle	il	no	rette	-	most	20
1		gove rise to imn	nediote	DUE TO S	AND CONSEQUE	NCE OF	- 7/-		a.	,		Ya	
1		underlying couse	lost.	161	a and	مر	2 arms	D0	200	2		126	2
	NO	PART 2. OTHER SIGN	HEICANT COM	nditions <u>cc</u>	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE	E TERMIN	AL DISEASE C	RCONDITIO	n given i	N PART No	
-	CERTIFICATION	19a DATE OF OPERATION 19b CONDI			TION FOR WHICH	OPERATION	N WAS PERFORMED		200 AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO NO				
1	CER	210. ACCIDENT WAS UNE		216. TIME O	FINJURY M. MONTH DA	Y YEAR	21c. HOW INJURY O	CCURRE			EM 18 PART 1	OR PART 2)	
	CAL	OR CONTRIBUTING (P./		19							
9	MEDICAL	21d INJURY OCCUR		21e PLACE (OF INJURY BET, FACTORY, OFFICE, FA	RM ETC)	211. LOCATION STREET			ITY OR TOWN		COUNTY	STATE
		AT WORK AT WO	RK			A/	10/12 5	07	- 9	120		07	
		22a.1 certify that (1)		7//	<u></u>	2	d that in (my) jour) of	ouring day	_, to	Abadata a			(we) lost
		sow the decease obove (I (we) (c	id (did not) v	iew the body	atter death.		DEGREE	pillion dei	oni occorred c	in the dote of	1001 0110	22c DATES	
		Vain	mel	Paro	02		ATTEND PHYSIC	ING	MEDICAL DIRECTOR	STAFF PHYSICIAN		9-	20-A-
		22d AMY SIGNAN'S NA	EL CIPPE OR PR	Id	2007	12	10313	Coo	REX	Ave	. S.	her	Parins
	23a B	urial, cremation, URTAL	REMOVAL	23h DATE 9/21/	1987 BET	AME OF SHO	LOM CONGRE		ON HET	TOL GHTS	PRIN	CE GES A	MARYLAND
	24 FH	NERAL DIRECTOR C	TEIN H	FRRFIII I	MEMORDAL	FIINED	AL HOUSE			ISTRAR 266 R		SSIGNATU	
	2	32 CARROLL	STREE	T N. (WASHT	NGTON	D C	SEP :	4 190	gula	a Dini	12. Co	-ares

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LEASED NAME MIDDLE 20 DATE OF DEATH MONTH 2b HOUR TYPE OR PRINT) Michelle canora 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 3 SEX 87 remale TO BIRTHPLACE ISTATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED uary land omer WIDOWED DIVORCED O CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 176 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Infant USUAL RESIDENCE (IF NURSING MOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130 STATE 136 COUNTY 130 CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? UNKNOWA UNKNOWA YES [NO 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST EIRST Sharor ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DE ATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which IVISOMY gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to mcconium CLSD I' 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 200 AUTOPSY IN CERTIFYING CAUSES OF DEATH? NO YES [NO T 710. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 211. LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY CITY OF TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE, FARM ETC)

CERTIFICATION MEDICAL

AT WORK NOT WHILE

Aug

ond that in (my) (aur) opinion death accurred on the date and hour and from the causes stated

sow the deceased alive on Aug 19
above, (I) (we) (did) (did not) view the body after death. 22h SIGNATURE

DEGREE

MEDICAL ATTENDING STAFF PHYSICIAN DIRECTOR PHYSICIAN 27c DATE SIGNED

ams

22e ADDRESS

STATE

230 BURIAL, CREMATION, REMOVAL

220.1 certify that (1) (this hospital) attended the deceased from_

23c NAME OF CEMETERY OR CREMATORY

23d LOCATION CITY OF TOWN

(VRA 15, 4)

the

DHMH - 16 60M 7/84 NAME

24 FUNERAL DIRECTOR

Remova

250 DATE REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE

ADDRESS

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STATE OF MARYLAND, DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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	-58	FOR STATE PEGISTRAR		DEPARTM		EALTH AND MENTAL HYGI ICATE OF DEATH	REG. N	· Z	695	; 0
	1 DEC	CEASED NAME FIRST	1	AIDDLE	0.	AST	20. DATE OF DEATH	MONTH D	AY YEAR	26 HOUR
	0.00	WARRE	NI	7.	TAS	CAL	26	PT I	1, 1787	8:45A M
	3 SEX		4 RACE		5. DATE C	DAY WEAR	6 AGE (IN YEARS LAST BIR		ONTHS DATS	HOURS MIN.
1	7a BII	Male RTHPLACE (STATE OR FOREIGN	Caucas	WHAT COUNTRY?	Sept	ember 22,1935	52 9 BALTIMORE CITY O	YRS.	OFDEATH	
7		New York	United			NEVER MARRIED				
	10 CI	ITY OR TOWN OF DEATH	11. NAME OF	OSPITAL, NURSIN		D DIVORCED DIVORCED	Montgome 120 USUAL OCCUPATI		126 KIND O	MD. F BUSINESS OR
)		aithersburg	14812 H	H FACILITY, GIVE STREET A	У		Electrici			Employed
and the		AL RESIDENCE (IF NURSING HOME OF TATE 136 COU		134. CITY OR TOWN		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS			
2			tgomery	Gaithers	burg	YES X NO [14812 Bota	ny Way	/ 208	78
5	14 FA	ATHER'S NAME FIRST	MIDDLE	LAST		15 MOTHER'S MAIDEN NAM	MIDDLE MIDDLE		LAST	1
-	16a W	Howard VAS DECEASED EVER IN U.S. AI	MED FORCES?	Pascal	RITY NO.	Lucy 17 INFORMANT	ADDRE	SS	Proci	hazka
		YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	577-46-7		Mrs. Beth L.	Pascal. Wi	fe. Sa	me as	#13
		18 CAUSE OF DEATH (Enter o	nly one couse per	line for 10), (b), one	l (cu)					MATE INTERVAL DNSET AND DEATH
		PART I, DEATH WAS CAUSI IMMEDIA	TE CAUSE (o)	NETAST,	FTIC	ADENOGARO/A	JOMA OF 65	PHAGU	C Y	MONTH
			DUE TO, OF	R AS A CONSEQUE	NCE OF					
	-	Conditions, if ony, which gove rise to immediate	(b)							
		couse (0), stoting the underlying couse lost	DUE TO, OF	R AS A CONSEQUE	NCE OF					
	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10								
7	CERTIFICATION	19a DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDIN	
7	CER	210. ACCIDENT WAS UNDERLYING		FINJURY M. MONTH DA	Y YEAR	21c HOW INJURY OCCURRI				
1	CAL	OR CONTRIBUTING CAUSE OF DE	AIII		19					
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, FA	RM, ETC)	ZIL LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	10	22a I certify that (I) (this hosp	ital) ottended the	deceased from A	uou	\$7.3(19.87	10 SET EM/S	(R) 21/1	9.87.	hot # (we) lost
		sow the deceased alive or above, (1) (workship) (did no	SEPTEMO	ER 10 100		d that in (my) (our) opinion d	leoth occurred on the de	ote and hour	ond from the c	ouses stated
	16	126 SIGNATURE	0.		1	DEGREE	CAFDICAL STAL	E	270 DATES	SIGNED
		224 HYSICIAN'S NAME (TYPE	1810	ween	m)	PHYSICIAN X	MEDICAL STAN	IAN	14/7	1187
		DAMESA	Ben	ww.u	M	Rock	1 PHYSICIA	ns LAN 0 20!	\$10 #3	17(
	- 0	BURIAL, CREMATION, REMOVAL	I Se	ept.		EMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE
	$\overline{}$	Burial JNERAL DIRECTOR Dahar	30, 19	987 Gat		Heaven Cemeter		Spring	, Mary	Land
		NAME ROCKY	ille, Pur	nphrey Fu	neral	nome, oct	REC'D. BY REGISTRAR	256. REGISTR	A SACHION	
	300	0 W. Montgomery	Avenue	Rockvil.	le, M	aryland on	- 1001. <u>(</u>			

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO HOSPITAL

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STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	4/					REG. N	O.						
	GEASED NAME FIRST		WIDDIE	ı	AST	20. DATE OF DEATH	MONTH	DAY YEAR	2b HOUR				
(WILLI	AM R	oss P	AYNE		SEPTEMBER	1/	1007	b: 30 a M				
3. SE)		4 RACE	1000	5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIE							
	MAT II		TOP	MONTH				MONTHS DATS	HOURS MIN.				
n BII	MALE RIHPLACE ISTATE OR FOREIGN		WHAT COUNTRY?	-	SUST 4, 1930	57	YRS						
	OUNTRY	78 CITIZEN OF	WHAT COUNTRY:	MARRIE	D NEVERMARRIED	Y BALTIMORE CITY C	TES OF HEALTH, THOAY) THOAY THOAY) THOAY						
	ryland	US		WIDOWE		MONTGOMERY		NTY	MD				
0 CI	TY OR TOWN OF DEATH		HOSPITAL, NURSIN CHEACILITY, GIVE STREET		OR OTHER INSTITUTION	120 USUAL OCCUPAT							
	BETHESDA		THE CLINI		ENTER								
USU/	L RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)									
	TATE 134 CO	vert	13c. CITY OR TOW		13d INSIDE CITY LIMITS?			DE DALSAL	M STREE				
_	MARYLAND Call	VELL	ST. LEON	IARD	YES XX NO								
TA	FIRST	MIDDLE	LAST		13. MOTHER'S MAIDEN NAM								
	Charles H	Ross	Payne		Nora		H	utchins					
60 W	AS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR							
N	ES, NO OR UNKNOWN) (IF VES.	GIVE WAR OR DATES!	578-38-	0582	6410 BRIARWOO	on or Huntin							
18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY:													
	PART I. DEATH WAS CAU	SED BY:	TARGETTA	DT A OF	TO TIMPUOM								
	IMMED	IATE CAUSE (a)	IMMUNU	BLAST	IC LYMPHOMA		-	4	CEARS				
		DUE TO, C	R AS A CONSEQUE	NCE OF									
	Conditions, if ony, which	(b)_	SEPSIS	IMM	UNOCOMPROMISE			1 1/2	MONTHS				
	gave rise to immediate cause (a), stating the	DUETO	R AS A CONSEQUE	NCE OF									
	underlying cause last	(c)											
	PART 2. OTHER SIGNIFICAN		ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERMI	NAI DISEASE OR CON	DITION G	IVEN IN PART 1					
Z													
CERTIFICATION	190 DATE OF OPERATION	19h COND	ITION FOR WHICH	OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES.				ES WERE FINDI	, WERE FINDINGS USED				
FIG				IN CERTIFY!				TIFYING CAUSES	OF DEATH?				
ET						YES NO			NO 🗌				
-	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I		OF INJURY .M. MONTH DA	AY YEAR	21c. HOW INJURY OCCURRI	ED (ENTER NATURE OF INJU	RY IN ITEM 18	PART 1 OR PART 21					
S	(IF EITHER NOTIFY MEDICAL EXAMIN		.M.	19									
MEDICAL	21d INJURY OCCURRED		OF INJURY		211 LOCATION	CITY OR TO	NA/M	COUNTY	STATE				
Σ	WHILE NOT WHILE D	(AT HOME, ST	REET, FACTORY, OFFICE, F	ARM, ETC)	ZIMEEI	CITY ON TO	W14	COONT	SIAIE				
	220.1 certify that OK (this has	inital) attended th	he deceased from	SEPTE	MBER 3 19 83	SEPTEME	EP 1	/110 87	that X (we) last				
	sow the deceased alive abave, (K (we) (did) (NA)	SEPTEM	BER 14 19	87	nd that in (mX) (our) opinion d								
	abave, (K (we) (did) (did)	nat) view the bady	after death.	,		com occorred on the d	are dina in						
	226. SIGNATURE	-D.U	00		DEGREE ATTENDING	MEDICAL STA		22c DATE	SIGNED				
	allen G	1. U TI	off M	P	PHYSICIAN [IAN (- Sep	1/4/87				
	228 PHYSICIAN'S NAME (TYP	E OR PRINT)	//		22e ADDRESS NATTO	VAL. INSTITU	TES (OF HEALT	CH. 9000				
	H.O.D	. +10F	FMAN										
13a A	URIAL, CREMATION, REMOVA	AL 23b. DATE	122. A	JAME OF C	EMETERY OR CREMATORY	123d LOCATION	DA,	MAKILANI	20092				
	Burial	9/16					+ 7 7	a countr	ManuelAtt				
The state of the s													
	NERAL DIRECTOR		6160	Oxon 1	HITTI INCOMPO	REC'D. BY REGISTRAR	256 REGIS	STRAR'S SIGNA	TURE				
Ge	eorge P. Kalas	Funeral	Home Ox	on Hi	11. Md. SEP 1	0 198/ Julia	Danie	yon Parta	-				
				~~~ ***		- 63							

DHMH - 16 60M 7/84 (VRA 15, 4)

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MPORTANT: If Item 21 is marked or Item 18 shaws any injury, or oth should be detoched for use os the buriol-transit permit. Then pl with the State Dept. of Health and Mental Hygiene prior to buri TO FUNERAL DIRECTOR. After this certificate has be TO HOSPITAL OR ATTENDING PHYSICIAN: The

Maria Maria

To the Control

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FOR - STATE

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAPHYGIENE CERTIFICATE OF DEATH

6 26953

SEP 2 9 1987 Julia Director Rection

	REGISTRAR			TEATE OF PEATE	REG. N	0					
PE	PRINT	MIDDLE		LAST	20 DATE OF DEATH	MONTH DAY	YEAR	2h HOUR			
JUN PE	- ANTON	110	PE	REZ		9 74	. 87	5.40			
3 SE		4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIR	100.00	INDER I YEAR	IF UNDER 24 H			
3 25	male	white	J. DATE C		B. AGE (IN TEARS LAST BIR	MON		HOURS M			
		white	Oct	. 11 1898	88	YRS					
	IRTHPLACE (STATE OR FOREIGN	THE CITIZEN OF WHAT COUNTR	Y? 8	NEVER MARRIED	9 BALTIMORE CITY	R COUNTY OF	DEATH				
	Spain	Permanent resi	dentarrie	ED DIVORCED	Montg	gomery					
10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR		AE OR OTHER INSTITUTION 120 USUAL OCCUPATION 120 KIND OF BUSINE							
T	Cakoma Park			ist Hospital	Ret. Shoema			employ			
					Tiet. Brocke	·	Jeil	cmpro.			
	AL RESIDENCE (IF NURSING HOME OF STATE 13) COULTY AND MON	Egomery 13c. CITY OR TO		138 INSIDE CITY LIMITS? 138.STREET ADDRESS / ZIP CODE							
Ma	iryrand Mont	Igomery Silver	Spring	YES NO		Franklin Ave. 20901					
14. FA	ATHER'S NAME		V P	15. MOTHER'S MAIDEN NA	ME		IVL				
	Pedro	MIDDLE Perez		Emi'lia	MIDDLE	Ma	rtine	Z			
14- 1	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SE	CHRITYNIC	17 INFORMANT	ADDRE	cc					
		A A CALLEST 579-58		Zita A. Pere							
	11/11	711 373 30	3072	arta A. Tere	2-WITE - (E	ame as	136)				
	18 CAUSE OF DEATH (Enter of	nly one couse per line for (a), (b),	and ici.1				APPROX	MATE INTERVA			
PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  RESPIRATORY  ARREST											
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEC	QUENCE OF	AND COMA							
Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING I			INAL DISEASE OR CON	DITION GIVEN	IN PART 1	o			
ATION	19a DATE OF OPERATION	19h. CONDITION FOR WHI	CH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, W	IF YES, WERE FINDINGS USED				
CERTIFIC					YES TI NOTA	IN CERTIFYIN	IG CAUSES				
ERT	21g. ACCIDENT WAS UNDERLYING	7 21b. TIME OF INJURY		21c. HOW INJURY OCCUR	1 4	YES [		NO [			
	OR CONTRIBUTING CAUSE OF DE	- 110110 4 11 11011011	DAY YEAR	216. HOW HAJOR FOCCOR	KED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	I OR PART 2)				
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	22n L cortify that III this hosp	ital) attended the deceased from	MA	RCH 10 86	10 9-	24-10	81)	that (li) (we)			
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	22b, SIGNATURE	9-24-19 of) view the body ofter death.			and the decorred on the de						
	220. SIGNATURE	0		DEGREE	MEDICAL _ STA	c	226 DATE	SIGNED			
		source a	D	ATTENDING PHYSICIAN	DIRECTOR PHYSIC		17-6	4.8,			
	22d PHYSICIAN'S LAME (TYPE			22e ADDRESS	NEW HA	MPSH	RE	AUG			
	CHARLES A	1. BENNER,	MD		R SPRING		209	4			
	BURLAN COSTANTION OF	23b. DATE 23	L MANE SE		123d LOCATION	1111	2010				
	BURIAL, CREMATION, REMOVAL ISPEC <b>BULIAL</b>			Heaven Cemete			MUNIV.	STAN			

DHMH - 16 60M 7/84 (VRA 15, 4)

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Hines Trinaldi Funeral Home 11800s N.H. Ave., Sil. Spr. Md.

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

26954

7	1 ₈	FOR STATE REGISTRAR				CATE OF DEATH	GÍENE	REG. NO.	693	5-4	
Ŧ	I. DEC	BEASED NAME FIRST	MIDE	DIE	Į.A.	51	2a DAT	E OF DEATH MONTH	DAY YEAR	26 HOUR	
	(TYPE	ADRIA	N	4	PERRAULT 9 1787 12:50						AM
1	3 SEX		4 RACE	1	DATE OF	FBIRTH	6 AGE	(IN YEARS LAST BIRTY DAY)	I UNDER I YE		a HRS
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C	7a BII	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WH	IAT COUNTRY?	MARRIED	NEVER MARRIED	9 BALT	IMORE CITY OR COUN	NTY OF DEATH		
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0	14. FA	THER'S NAME Unknown	MIDDLE	EAST		Albertine	AWE	Unknown		LAST	
3		NAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOC			TY NO.	17. INFORMANT		ADDRESS			
B	(1	Yes (IF YES CI	(E WAR OR DATES)	216 44 68	55	Charlotte E	3. Pe	rrault, Wif			
	18 CAUSE OF DEATH (Enter only one couse per ling to ya), b), on your PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o).  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  STATE OF THE PROXIMATE INTERVAL BETWEEN ONSET AND DEATH  STATE OF THE PROXIMATE INTERVAL BETWEEN ONSET AND DEATH  STATE OF THE PROXIMATE INTERVAL BETWEEN ONSET AND DEATH  STATE OF THE PROXIMATE INTERVAL BETWEEN ONSET AND DEATH  STATE OF THE PROXIMATE INTERVAL BETWEEN ONSET AND DEATH  STATE OF THE PROXIMATE INTERVAL BETWEEN ONSET AND DEATH  STATE OF THE PROXIMATE INTERVAL BETWEEN ONSET AND DEATH  STATE OF THE PROXIMATE INTERVAL BETWEEN ONSET AND DEATH  STATE OF THE PROXIMATE INTERVAL BETWEEN ONSET AND DEATH  STATE OF THE PROXIMATE INTERVAL BETWEEN ONSET AND DEATH  STATE OF THE PROXIMATE INTERVAL BETWEEN ONSET AND DEATH  STATE OF THE PROXIMATE INTERVAL BETWEEN ONSET AND DEATH  STATE OF THE PROXIMATE INTERVAL BETWEEN ONSET AND DEATH  STATE OF THE PROXIMATE INTERVAL BETWEEN ONSET AND DEATH  STATE OF THE PROXIMATE INTERVAL BETWEEN ONSET AND DEATH  STATE OF THE PROXIMATE INTERVAL BETWEEN ONSET AND DEATH  STATE OF THE PROXIMATE INTERVAL BETWEEN ONSET AND DEATH  STATE OF THE PROXIMATE INTERVAL BETWEEN ONSET AND DEATH  STATE OF THE PROXIMATE INTERVAL BETWEEN ONSET AND DEATH  STATE OF THE PROXIMATE INTERVAL BETWEEN ONSET AND DEATH  STATE OF THE PROXIMATE INTERVAL BETWEEN ONSET AND DEATH  STATE OF THE PROXIMATE INTERVAL BETWEEN ONSET AND DEATH  STATE OF THE PROXIMATE INTERVAL BETWEEN ONSET AND DEATH  STATE OF THE PROXIMATE INTERVAL BETWEEN ONSET AND DEATH  STATE OF THE PROXIMATE INTERVAL BETWEEN ONSET AND DEATH  STATE OF THE PROXIMATE INTERVAL BETWEEN ONSET AND DEATH  STATE OF THE PROXIMATE INTERVAL BETWEEN ONSET AND DEATH  STATE OF THE PROXIMATE INTERVAL BETWEEN ONSET AND DEATH  STATE OF THE PROXIMATE INTERVAL BETWEEN ONSET AND DEATH  STATE OF THE PROXIMATE INTERVAL BETWEEN ONSET AND DEATH  STATE OF THE PROXIMATE INTERVAL BETWEEN ONSET AND DEATH  STATE OF THE PROXIMATE INTERVAL BETWEEN ONSET AND DEATH  STATE OF THE PROXIMATE INTERVAL BETWEEN ONSET AND DEATH										
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	0	/ glove, (li (we) (did) (did no	view the body at	ter death.	17,300		death oc	curred on the state and		/	ted
		Veluy /	Mar	M	1)	ATTENDING PHYSICIAN	MEDI	CAL STAFF	17/	11/2	7
		16004	MSC	Ly	つ	11/8/3/3	\$t	219/A	Au	dila	for
		BURIAL, CREMATION, REMOVAL				EMETERY OR CREMATORY	23d	LOCATION CITY OR TOWN	COUNTY	M	2
	24 61		1 09-19-8	37   Ch	ambe:	rs Crematory	TE DEC'D	Riverdale.	PG Co.	MD	
4			CO. INC.	. Silver	Spri		23	1007 / 1	condum.	1	
1	23o. E	270. certify that (i) (this hosp say the deceased alive or process, (i) (we) idid (did no process) and project and project and say of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the con	23b DATE 09-19-8	rer death.	O ME OF CE	PHYSICIAN  1220 DDRESS  EMETERY OR CREMATORY  TS Crematory  1250 DA	5 E	LOCATION CITY OF TOWN  Riverdale.  BY REGISTRAP 256 REC	PG Co.	ME SIGNED	

W. W. CHAMBERS CO., INC., Silver Spring, MD

DHMH - 16 60M 7/84

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MPORTANT: If them 21 is marked or them 18 shows any injury. should be detached for use as the burial-transit permit. Then with the State Dept. of Health and Mental Hygiene prior to

ATTENDING PHYSICIAN. The low requ

TO FUNERAL DIRECTOR. After this certificate has been retained by the haspital or attending physician

(VRA 15, 4)

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Ш	Fer	male	Caucas	ian	Janu	ary 27, 1965	82		YRS	MONTHS DATS	HOURS	MIN.			
F		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMO	ORE CITY O	OR COUNTY	OF DEATH					
4		shington, D.C.	United	States	WIDOWE	- V	Montg	omery				MD.			
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HΡ		THER'S NAME COD Frederick 8	engel	LAST		15. MOTHER'S MAIDEN NAME EVA LOUISE S		MIGGI E		įA:	51				
2		VAS DECEASED EVER IN U.S. ARA	MED FORCES?	16b. SOCIAL SECU		17 INFORMANT		ADDR							
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		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, O  (b)  DUE TO, O  (c)	RAS A CONSEQUE LODECTO	ence of my,	FT PLEURAL ( left lower lung	lobe,	1un		Day 10	days				
-	CERTIFICATION	PART 2. OTHER SIGNIFICANT C				NOT RELATED TO THE TERM	200 AUT	OPSY?	20b. IF YES	EN IN PART 11  5, WERE FINDII YING CAUSES S [[]	NGS USE	TH?			
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		270   Certify that M (this haspital) attended the deceased from SOUT 12 1987 to SOUT 12 1987 saw the deceased alive an Sout 12 1987, and that in MX (aur) apinion death occurred an the date and hour a abave, (1) (we) (did) (didnot) view the bady after death.  270   SIGNATURE   DEGREE									SIGNED				
1		224 PHYSICIAN'S NAME (TYPE OF	PRINT)	oggin		ATTENDING PHYSICIAN  22e ADDRESS Mongone	_	PHYSIC	CIAN	Sep Blacy.		10 /			
	23e. B	Burial  Burial	23b. DATE 9/16/			Park Cometery		ATION YORTOWN	. Mar	vland		STATE			

DHMH - 10 60M 7/84 (VRA 15, 4)

McGuire Funeral Service, 7400 Georgia Ave. N. W. Washington, DC

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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STATE OF MARYLAN	릇
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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220. I certify that (I) (this hospital) attended the deceased from 5, 19 \$7, and that in (my) (our) apinion death accurred on the date and hour and from the couses stated above. (I) (we) (did) (did not) view the body after death.  220. DATE SIGNATURE  DEGREE  220. DATE SIGNED	06802	2- OC	1-8	FOR SPVE REGISTRAR			DEP	ARTMENT OF H	EALTH AND M		IENE /	REG. N	2 6	3	)	0
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MALE  CAUCASIAN  TOBER  10 SHYPERMARKED  10 NEVER MARRIED  11 NEVER MARRIED  12 NEVER MARRIED  13 SATIMORE CITY OF COUNTY OF DEATH  14 NAMES OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  15 LIVER SPRING  14 20 CRESTRIDGE DRIVE  MARYLAND  MONTCOMERY  MARYLAND  15 CHY OR TOWN OF DEATH  15 STATE  MARYLAND  MONTCOMERY  MARYLAND  16 CHY OR TOWN OF DEATH  17 STUVER SPRING  17 SOUNTY  MARYLAND  MONTCOMERY  MARYLAND  18 CHY OR TOWN OF DEATH  18 STATE  MARYLAND  MONTCOMERY  MARYLAND  18 CHY OR TOWN OF DEATH  18 STATE  MARYLAND  MONTCOMERY  MARYLAND  18 CHY OR TOWN OF DEATH  18 STATE  MARYLAND  MONTCOMERY  MARYLAND  18 CHY OR TOWN OF DEATH  18 STATE  MARYLAND  MONTCOMERY  MARYLAND  18 CHY OR TOWN OF DEATH  18 STATE  MARYLAND  MONTCOMERY  MARYLAND  18 CHY OR TOWN OF SILL NORSE OF THE INSTITUTION  18 STATE  MARYLAND  MONTCOMERY  MARYLAND  18 LIVER SPRING  19 SOUNTY  MARYLAND  MONTCOMERY  MARYLAND  18 LIVER SPRING  19 SOUNTY  MARYLAND  MONTCOMERY  MODITOMERY  MARYLAND  18 LIVER SPRING  19 SOUNTY  MARYLAND  MONTCOMERY  MODITOMERY  MARYLAND  18 LIVER SPRING  19 SUSUAL OCCUPATION  TOUCHE ROSS & COMPANY  18 LIVER SPRING  C. P.A.  TOUCHE ROSS & COMPANY  18 LIVER SPRING  C. P.A.  TOUCHE ROSS & COMPANY  18 LIVER SPRING  MONTCOMERY  MARYLAND  MARYLAND  MONTCOMERY	you od	11.2.15	3. SEX				A LAKE				6. AGE (IN	YEARS LAST BIR	[YADHTI			
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220. I certify that (I) (this hospital) attended the deceased from 5, 19 50, to 7, 19 27, that (I) (we) last saw the deceased alive an 8 19 57, and that in (my) (our) apinion death accurred on the date and hour and from the couses stated above, (I) (we) (did) (did not) view the body after death.  220. DATE SIGNATURE  DEGREE  221. DATE SIGNED	DS, 201		N	PART 2 OTHER SI	GNIFICANT C	CONDITIONS	ONTRIBUTING	O TO DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEA	SE OR CON	IDITION	SIVEN IN P	ART 110	
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22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS	SPIT SPIT	AN STORE		22d. PHYSICIAN'S	NAME (TYPE O	R PRINT)			22e ADDRESS				- 0.0			
Truch V. M. Coy M.D.  PHYSICIAN DIRECTOR PHYSICIAN MEDICAL PHYSICIAN MEDICAL PHYSICIAN MEDICAL PHYSICIAN MEDICAL PHYSICIAN MEDICAL PHYSICIAN MEDICAL PHYSICIAN MEDICAL PHYSICIAN MEDICAL PHYSICIAN MEDICAL PHYSICIAN MEDICAL PHYSICIAN MEDICAL PHYSICIAN MEDICAL PHYSICIAN MEDICAL PHYSICIAN MEDICAL PHYSICIAN MEDICAL PHYSICIAN MEDICAL PHYSICIAN MEDICAL PHYSICIAN MEDICAL PHYSICIAN MEDICAL PHYSICIAN MEDICAL PHYSICIAN MEDICAL PHYSICIAN MEDICAL PHYSICIAN MEDICAL PHYSICIAN MEDICAL PHYSICIAN MEDICAL PHYSICIAN MEDICAL PHYSICIAN MEDICAL PHYSICIAN MEDICAL PHYSICIAN MEDICAL PHYSICIAN MEDICAL PHYSICIAN MEDICAL PHYSICIAN MEDICAL PHYSICIAN MEDICAL PHYSICIAN MEDICAL PHYSICIAN MEDICAL PHYSICIAN MEDICAL PHYSICIAN MEDICAL PHYSICIAN MEDICAL PHYSICIAN MEDICAL PHYSICIAN MEDICAL PHYSICIAN MEDICAL PHYSICIAN MEDICAL PHYSICIAN MEDICAL PHYSICIAN MEDICAL PHYSICIAN MEDICAL PHYSICIAN MEDICAL PHYSICIAN MEDICAL PHYSICIAN MEDICAL PHYSICIAN MEDICAL PHYSICIAN MEDICAL PHYSICIAN MEDICAL PHYSICIAN MEDICAL PHYSICIAN MEDICAL PHYSICIAN MEDICAL PHYSICIAN MEDICAL PHYSICIAN MEDICAL PHYSICIAN MEDICAL PHYSICIAN MEDICAL PHYSICIAN MEDICAL PHYSICIAN MEDICAL PHYSICIAN MEDICAL PHYSICIAN MEDICAL PHYSICIAN MEDICAL PHYSICIAN MEDICAL PHYSICIAN MEDICAL PHYSICIAN MEDICAL PHYSICIAN MEDICAL PHYSICIAN MEDICAL PHYSICIAN MEDICAL PHYSICIAN MEDICAL PHYSICIAN MEDICAL PHYSICIAN MEDICAL PHYSICIAN MEDICAL PHYSICIAN MEDICAL PHYSICIAN MEDICAL PHYSICIAN MEDICAL PHYSICIAN MEDICAL PHYSICIAN MEDICAL PHYSICIAN MEDICAL PHYSICIAN MEDICAL PHYSICIAN MEDICAL PHYSICIAN MEDICAL PHYSICIAN MEDICAL PHYSICIAN MEDICAL PHYSICIAN MEDICAL PHYSICIAN MEDICAL PHYSICIAN MEDICAL PHYSICIAN MEDICAL PHYSICIAN MEDICAL PHYSICIAN PHYSICIAN PHYSICIAN PHYSICIAN PHYSICIAN PHYSICIAN PHYSICIAN PHYSICIAN PHYSICIAN PHYSICIAN PHYSICIAN PHYSICIAN PHYSICIAN PHYSICIAN PHYSICIAN PHYSICIAN PHYSICIAN PHYSICIAN PHYSICIAN PHYSICIAN PHYSICIAN PHYSICIAN PHYSICIAN PHYSICIAN PHYSICIAN PHYSICIAN PHYSICIAN PHYSICIAN PHYSICIAN PHYSICIAN PHYSICIAN PHYSICIAN PHYSICIAN PHYSICIAN PHYSICIAN PHYSICIAN PHYSICIAN PHYSICIAN PHYSICIAN PHYSICIAN PHY	Ö e 5	OR THE	35	FRANK	P. MCC	OY. M.I	).		3800 RE	SERVOT	IR ROA	D. N.	w. U	VASHIN	VGTON	. D.C.
236 BURIAL, CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY 236 LOCATION	0 - Teta 0 -	3 3	23a 8				•	23c NAME OF C								
BPBURIAL SEPT30,1987 GATE OF HEAVEN CEM SILVER SPRING MONTGOMERY MD	RP			SPECIFY)	-	1000	1987				STI	VER S	PRINC	MONT	GOME	RY MD
24 FUNERAL DIRECTOR ERANCIS I COLLINS IR 250. DATE REC'D. BY REGISTRAR 250. REGISTRAR 5 SIGNATURE			24 FU								E REC'D. BY	REGISTRAF	25b. RE G	STRARSS	RUTAMAN	
(VRA 15, 4) 500 UNIVERSITY BLVD. W SILVER SPRING, MD 20901 OCT 05 1987									MD 2090	00	T 05	1987		English Commission		

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	10	REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	0.	010	/
		CEASED NAME OR PRINTS	FIRST		MIDDLE L.	Plais	y man	20 DATE OF DEATH	MONTH DA	0-87	313 AM
	3. SEX	fenal	و	4. RACE Black				6 AGE (IN YEARS LAST BIR	YRS	FUNDER I YEAR	HOURS MIN.
2	C	RTHPLACE (STATE OR OUNTRY) Haiti		Alien		WIDOWE	D NEVER MARRIED TO DIVORCED DIVORCED	9 BALTIMORE CITY C	- lontgom	ery	MD.
	Ta	akoma Park		(# NOT IN SUC Wa	shingto	on Adv.	Hospital	(TYPE OF WORK FOR MOST			1 803111633 OK
1	13 MS	il residence (if Nurs		gomery	STIVE	dospring	134 INSIDE CITY LIMITS?	13e STREET ADDRESS 8500 N.H.		#237	20903
>	14. FA	THER'S NAME Benoit		MIDDLE	Plaisin	non	15. MOTHER'S MAIDEN NA FIRST (unkn	own)		LAST	
9		AS DECEASED EVER	IN U.S. AR	MED FORCES?	097-58		Reynold Alex	andre -son-	/1/1 /	E 21st klyn,	Street
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		URIAL, CREMATION			1007	23c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		COUNTY	STATE

Gate of Heaven

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remove carbanpape with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal

ATTENDING PHYSICIAN: The low offending physicion.

retoined by the hospital or OR

TO HOSPITAL

injury, or other troumotic event,

IMPORTANT; If them 21 is morked or them 48 shows ony

(VRA 15, 4)

24 FUNERAL DIRECTOR 11800 N.H. Ave., Hines/Rinaldi Funeral Home Silver Spring,

10-10-1987

Buria1

Silver Spring Montgomery M

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

OCT - 2 1987 Julia Dividen Rudges

COUNTY

#### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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PI	EG NO			

SEP 15 1987 Win Dividen Pendares

	REGISTRAR		ME	DICAL	EXAMINEK.?	CEKTIFICATE	OF DEATH REG. NO.	
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{14b	E OR PRINT)	Hele	n	s.		Platt	OF ESTI-	9/10 19 87
3. SEX		4 RACE	5. DATE OF BIRTH	1		UNDER 1 YR. IF UNDER		
F.	male	White	Feb. 8.	YEAR	73 YRS.	ONTHS DAYS HOURS	MIN PRONOUNCED DEAD	9/10 19 87 A.
7a BI	RTHPLACE (5		76 CITIZEN OF W		ITDV2 8	3737	1 BALTIMORE CITY OF CO	
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	larylan		tgomery	Un	evy Chase	YES NO X		et 20815
14 FA	THER'S NAME FIRST		MIDDLE		LAST	15 MOTHER'S MAID	MIDDLE	LAST
	FRANK		TULLER		.GE	CELEST I	E ADDRESS	STONE
16a W	VAS DECEASEI ES, NO, OR UNKNO	DEVER IN U.S. AF	MED FORCES?		CIAL SECURITY NO.	20815		
N	0			216-	46-4125	JAMES B.	PLATT JR 3809 LELA	ND STREET
	18 CAUSE O	F DEATH (Enter o	nly one cause per lin	e for (o), (b	), ond (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
	PART I DE	ATH WAS CAUSE	D BY:	etast	atic carci	noma to bra	in	BETWEEN ONSET AND DEA
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1.5	Condition	ns, if ony, which				n a t		11
		e to immediate			oma of bre	ant.		
	lying cou		DOE 10, OF	R AS A CON	ISEQUENCE OF			
			(c)					
7	PART 2 OTHER SE	SNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELA	TEO TO THE TERMINAL DIS	EASE OR CONDITION GIVEN IN PA	XRT 1 (a),	不作 下板 不是
CERTIFICATION		None						
CAI	19a. DATE OF	OPERATION	196 COND	ITION FOR	WHICH OPERATION	WAS PERFORMED?		20 AUTOPSY?
H	None		5 2 5 6					YES NO X
CER		L CAUSE WAS	21b. TIME C		DAY YEAR 21c	HOW INJURY OCCURRE	D SENTER NATURE OF INJURY IN ITEM 18 PART I	OR PART 2)
	UNDERLYING	OR CAUSE OF			DAY YEAR	None		
MEDICAL	71d INJURY C	CCURRED		OF INJURY		LOCATION		
M	WHILE	NOT WHILE	STREET, FAC	CTORY, FARM, E	10.1	STREET	CITY OR TOWN	COUNTY STATE
	AT WORK	AT WORK						
	22a I certi	y that I took char	ge of the remains de	scribed abo	ve, held an Aut	opsy , Inspectio	In , Inquiry X and in m	y opinian
	death results	ed from: Natu	rol couses .	Accident	Suicide [	, Hamicide .	Undetermined monner .	
		1	150	1		TITLE (SPECIFY)	onderermined monner,	
	ACTUAL SIGNATURE	1	201/	(a)	da.	~ .	DA	ATE 9/10/87
	SIGNATURE			77	7	M.D. Deputy	Seminary Road	GNED 9/10/07
	EXAMINATE	NAME .	ohn S. Ro	marco	MD		r Spring, Montgome	any County MI
	CTYPE OR PRI							ery country, m
/Ja.B(	PECIFY)	ION, REMOVAL		1100	NAME OF CEMETERY		23d LOCATION CITY OF TOWN	MARYLAND
14.6	BUR		9/14/87	S		CHURCH CEME	TERY OWINGS MILLS	MAKYLAND
24 FL	NAME LE	10°Y M & 1	RUSSELL	WITZK	E FUNERAL	HOMES 250 DATE	REC'D BY REGISTRAR 256 REGISTRAR	S SIGNATURE
	163	BO EDMON	DSON AVE.	CATON	SVILLE MD	21228 SE	P1 5 1987 Auns Dan	dern Randons

TO MEDICAL EXAMINER: THIS CERTIFICATE SPECKCUFF THE CERTIFICATE, WRITING THE WORD PAGE 4 SHOULD BE FORWARDED TO THE CTO THE CTO TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE AFFREDEATH, WITH THE STATE DEPARMENT. 07/84 25M

**DHMH** - 17 (VR A15 ME (5))

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BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

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### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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a	R7	FOR STATE REGISTRAR	DEPAR		EALTH AND MENTAL HYG	RÉG. NO.	, ,, ,	
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V					y 11°, 19°5	72 vs	ELMINS DAYS	HOURS MIN
		Olivitari	S. A.	MARRIE WIDOWI	D NEVER MARRIED DIVORCED	Montgomer:		MD.
- //4			NAME OF HOSPITAL, NURS			174 DOWNERS EN EXPERIM		OF BUSINESS OR
1	MSUA MC	L RESIDENCE IF MUNSING POME OR OTHER	e George OR TO	NWN	134 INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CO		20783
13	A. FA	THER'S NAME FIRST MID		y elphi	15 MOTHER'S MAIDEN NAM	WIDDLE	Satte	rfield
2	16a W	AS DECEASED EVER IN U.S. ARME	AR OR DATES		Robert E.	Porter ADDRESS(S	ame as above)	#13
2	CERTIFICATION	18. CAUSE OF DEATH IEnter only of PART I. DEATH WAS CAUSED BY IMMEDIATE CO.  Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT CO.  PART 2 OTHER SIGNIFICANT CO.  190 DATE OF OPERATION	DUE TO, OH AS A CONSECUTION OF TO, OH AS A CONSECUTION OF TO, OH AS A CONSECUTION OF TO, OH AS A CONSECUTION OF TO, OH AS A CONSECUTION OF TO, OH AS A CONSECUTION OF TO, OH AS A CONSECUTION OF TO, OH AS A CONSECUTION OF T	DEATH BUT	SCULL GON WAS PERFORMED	200 AUTOPSY? 200 IF	GIVEN IN PART IN YES, WERE FINDING TRIFYING CAUSES YES	NGS USED
	AEDICAL C	OR CONTRIBUTING CAUSE OF DEATH LIFEITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED	HOUR A.M. MONTH P.M.  21e PLACE OF INJURY (AT HOME STREEL FACTORY, OFFIC	19	ZII LOCATION	CITY OF TOWN	COUNTY	STATE
	×	22a. I certify that (I) (this hospital) sow the deceased alive on obove, (I) (we) (did) (did native) 27b. SIGNATURE 27d PHYSICIAN SNAME LIVE OR PE	greeded, the decreed from 19 19 19 19 19 19 19 19 19 19 19 19 19	08	DEGREE ATTENDING	deoth accurred on the date and	hour and from the	that (I) (we) lost couses stated
1	23a B	MIGHTL G	- KODRIG 23b. DATE 23	UEZ NAME OF	831 CLUL	Vertely 18/V	R. 8.5	frego
	1	Burial 25	9/14/1987		Lincoln.	Brentwood,	PROUNTE	o. Md

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201

07/84 25M

BP. DHMH 17 (VR A15 ME (5))

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HAGIENE

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2	SES TRAR		MEI	DICAL EXAMI	NER'S	CERTIFI	CATEC	F DEA	TH	REG. NO			1	
	CEASED NAM	E FIRST		MIDDLE		ŁAST			20 DATE K	NOWN X	MONTH	DAY	YŁAR	26 HOUR
		Angus		C.	Por	ter,	Jr.		DEATH	MATED	9-1	18- 1	9 87	A
3 SE	(Male	4 RACE White	5. DATE OF BIRTH MONTH DAY Oct. 27,	YEAR LAST BIRTH	DAY) MON	NDER 1 YR.	IF UNDER		PRONOUNG DEAD		_18	DAY	YEAR 19 87	2d HOUR 4:24
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1	Angus		MIDDLE C.	Porter,	Sr.		ER'S MAIDE FIRST uella		MIE	DLE		Fis	st ske	
16a. \	VAS DECEASE ES, NO, OR UNKNO Yes	D EVER IN U.S. ARA	AED FORCES? WAR OR DATES)	235-50-0		17. INFOR		to De	nton	ADDRESS	044	2000	0.5	<i>4</i> 7 Z
z	gove ri couse (a lying cou	ns, if any, which se to immediate stoting the <u>under</u> - ise last.	(b) DUE TO, OR	Dertensive AS A CONSEQUENCE  AS A CONSEQUENCE  BUT NOT RELATED TO THE TEL	EOF CI	sease			RIGIOV	ascui	ar			
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MEDICAL CERTIFICATION	UNDERCTING LOK			MONTH DAY YE	AR 21c. H	IOW INJURY	OCCURRE	D (ENTERN	ATURE OF INJU	RY IN ITEM 18 P.	ART 1 OR PA		s [X	NO []
MEDIC	CONTRIBUTING CAUSE OF DEATH P.M.  21d INJURY OCCURRED 210 PLACE O WHILE AT WORK NOT WHILE AT WORK AT WORK			OF INJURY (AT HOME, ORY, FARM, ETC.)	21f. LC	CATION STREET			CITY OR TOW	N	COI	UNIY	Si	STATE
	270 I certi death result ACTUAL SIGNATURE		e of the remains desc al causes X	cribed above, held on	Suicide [	], Homi	Inspection cide	Undete	Inquiry ormined mor	iner ,	DATE SIGNE	9_	·19 <b>-</b> 8	37
	EXAMINER'S (TYPE OR PRII	NAME Mario	F. Golle	e,Jr.,M.D.		.ADDRESS_	111 Pe	enn S	t.,Ba	ltimor	ce,MD	212	01	
(	Buria UNERAL DIREC	TOR TOSET	9/21/87	Cedar s Sons, Ir	Hill c.	Cemet	ery	CITYO		and,			STA	TE .
6.	NAME	consin A	ADDRESS	ington D C	20	2016	REP S	5 10	187	756 REGIS	condus	v. Kono	MALIE	

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DIVISION OF VITAL RECORDS, 201 W PRESTON ST., BALTIMORE, MARYLAND 21201

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAPHYGIENE

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CERTIFICATE OF DEATH REG. NO

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1.50		4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN
0	MALE	BLACK	MONTH	31 24	62 YRS	
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	DIC.	U.S.A.	WIDOWE	DIVORCED	MONTGOHERY	14
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33e. S	STATE 1136	OME OR OTHER INSTITUTION GIVE RESII COUNTY 13c CIT	DENCE BEFORE ADMISSION) Y OR TOWN HOUNT HETS	134 INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIP CO	AVE 20743
125	THER'S NAME	MIDDLE	(AS)	15. MOTHER'S MAIDEN NA	MIDDIE	IAST.
- Common	dgar	W. Port		Emma	Br	own
Ido V		YES, GIVE WAR ON BATES!	-24-4684	Mary S. Po	rter-Same as	# 13 above
	II. CAUSE OF DEATH IS	nter only one cours per line for			1 1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS	CAUSED BY: MEDIATE CAUSE (6)	Culmonar	V Empo	les	(day
		DUE TO, OR AS A C	ONSEQUENCE		0 1	
	Conditions, if any, wh		Unseddence y	TOTAL HIS	Replacements	Surperu
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	saw the decrused o above, (i) (we) (did)		19 87.0	nd that in (my) (our) opinion	death accurred on the date and h	iour and from the couses stated
	77h SIGNATURE			DEGREE		224 DATE SIGNED
		- ten (11)	An nET	ATTENDING PHYSICIAN	DIRECTOR PHYSICIAN	90.85
1	274 PHYSICIAN'S NAME	(TIPE OR PRINT)	211111	27e. ADDRESS		1-00/
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## STATE OF MARYLAND S DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

- REGISTRAR				REG. NO	)		
1. DECEASED NAME FIRST	MIDDLE	DA.		20 DATE OF DEATH	MONTH	DAY YEAR	2b HOUR
DR. MIC			BBEN	SEPTEMBER		1987	5:04 A
3 SEX MALE	4 RACE WHITE	S. DATE OF	BIRTH DAY YEAR	6. AGE (IN YEARS LAST BIR	HDAY)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
			31, 1908	79	YRS		
TO BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUN	MARRIED	☐ NEVER MARRIED ☐	9 BALTIMORE CITY O	R COUNT	TY OF DEATH	
PENNSYLVANIA  OCITY OR TOWN OF DEATH	USA 11. NAME OF HOSPITAL, N	WIDOWED		MONTGOME		101 MIN (D. O	MD
/	(IF NOT IN SUCH FACILITY, GIVE	STREET ADDRESS)		120 USUAL OCCUPATI			OF BUSINESS OR
ROCKVILLE  USUAL RESIDENCE (IF NURSING HOME OF	SHADY GROVE		HOSP.	DENTIST		DENT	ISTRY
130. STATE ME COU	INTY 13c. CITY OR	NWOTS		13e STREET ADDRESS			19999
FLORIDA  14. FATHER'S NAME	[CITRU	S SPRING	YES NO A	10139 CITRU	S SPR	RING BLV	D. 32630
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ABRAHAM  160 WAS DECEASED EVER IN U.S. A	RABINO		PEARL 17 INFORMANT D ET	ADDRE	SS	LEVIN	
(YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)			LIS H. RAB			n 00074
		2-8204	15221 SPRINGF	FIELD RD. G	RIMAN		
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M Itestatie  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR W		WAS PERFORMED	200 AUTOPSY?		ES, WERE FINDIN	
E I				YEST NOT		TIFYING CAUSES	OF DEATH?
210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c HOW INJURY OCCURRE		1		
OR CONTRIBUTION C CHIEF OF DE		H DAY YEAR					
(IF EITHER NOTIFY MEDICAL EXAMINI  21d INJURY OCCURRED	21e. PLACE OF INJURY	144	21f LOCATION			COUNTY	
WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY O	OFFICE, FARM ETC }	STREET	CITY OR TO	WN	COUNTY	STATE
-	orral) attended the deceased f	from 4/15	19 17	10 4/17	- 0	19.87	that (1: (we) last
saw the deceased alive a	9/15	013	that in (my) (arr) opinion d	leath occurred on the do	ate and ho		
22b. SIGNATURE	ot) view the body ofter death.	D	EGREE			22c. DATE	
ByMD. Y	hom	1	ATTENDING PHYSICIAN	MEDICAL STAF		9/17/	187
220 PHYSICIAN'S NAME HYPE RYRL JOHN'S	OR PRINT)		22e ADDRESS				
JOHN MELNICH			911 N. RUSSELL	AVE CATO	IPDCC	TIDC MD	
230 EREMOVEMAZION, REMOVA	L 23b DATE	23¢ NAME OF CE	METERY OR CREMATORY	AVE. GAIT		BURG, MD	
BURIAL	SEPT.23,1987	HAR ZION		COLLING	DALE	DEL CO	• PATATE
4 FUNERAL DIRECTOR SOL I	EVINCON C PROC	C TNIC	25e DATE	REC'D. BY REGISTRAR			
6010 PETSTEDSTON	TO THOOK & DICT	MD 313	15 SFP	24 1987	Julia	Dividen-1	Condaces

TO FUNERAL DIRECTOR. After the certificate has been managery the offending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burish trains permit Their permit from permit from permit from permit from permit from permit from permit from permit from permit from permit from permit from permit from permit from permit from permit from permit from permit from permit from permit from permit from permit from permit from permit from permit from permit from permit from permit from permit from permit from permit from permit from permit from permit from permit from permit from permit from permit from permit from permit from permit from permit from permit from permit from permit from permit from permit from permit from permit from permit from permit from permit from permit from permit from permit from permit from permit from permit from permit from permit from permit from permit from permit from permit from permit from permit from permit from permit from permit from permit from permit from permit from permit from permit from permit from permit from permit from permit from permit from permit from permit from permit from permit from permit from permit from permit from permit from permit from permit from permit from permit from permit from permit from permit from permit from permit from permit from permit from permit from permit from permit from permit from permit from permit from permit from permit from permit from permit from permit from permit from permit from permit from permit from permit from permit from permit from permit from permit from permit from permit from permit from permit from permit from permit from permit from permit from permit from permit from permit from permit from permit from permit from permit from permit from permit from permit from permit from permit from permit from permit from permit from permit from permit from permit from permit from permit from permit from permit from permit from permit from permit from permit from permit from permit from permit WPORTANT, If Item 21 is morked or Item 18 shows only TO HOSPITAL OF ATTENDING PHYSICIAN. The law returned by the hospital or otherding physician. BP DHMH 16 60M 7/84 (VRN 15, 4)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

SEP 24

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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MARYLAND 2120

BALTIMORE,

DIVISION OF VITAL RECORDS, 201

5 BTATE 1 DECEASED NAME 20. DATE OF DEATH 26 HOUR (TYPE OR PRINT) 3. SEX & AGE LIN YEARS LAST BIRTHDAYS IF UNDER 24 HR IF UNDER I YEAR October 4, 1926 60 Caucasian Female TO BIRTHPLACE (STATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED Nebraska United States WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION ( MEANOT IN SUCH FACILITY, GIVE STREET ADDRESS) Homemaker SCHOUSOGI Own Home SUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13c. CITY OR TOWN 134 INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Potomac 12304 Copenhaver Terrace 20854 Montgomery NO X Maryland 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Arminta Nicholl's Carl Overton 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS 17. INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) same as #13 505-34-1498 Leo B. Ramer No 18 CAUSE OF DEATH (Enter only one couse per line for 10), (b), and (c).) PART I. DEATH WAS CAUSED BY: CARGNOMA IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19a, DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES | 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) PM 19 21d IN JURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY OFFICE, FARM, ETC.) STREET WHILE NOT WHILE 220.1 certify that (1) (this hospital) opended the deceased from sow the deceased alive on 128 above. The well did not yiew the body ofter death and that in (my) lour) opinion death occurred on the date and hour and from the causes stated 776. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 10215 Fernwood Road Bethesda, Maryland Robert J. Lindeman, M.D. 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c NAME OF CEMETERY OR CREMATORY Oct.

Wyuka Cemetery

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Burial

Rockville, Inc.
300 West Montgomery Ave. Rockville, Maryland (VRA 15, 4)

1. 1987

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Nebraska

Nebraska City

065537-SEP

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIEN
CERTIFICATE OF DEATH

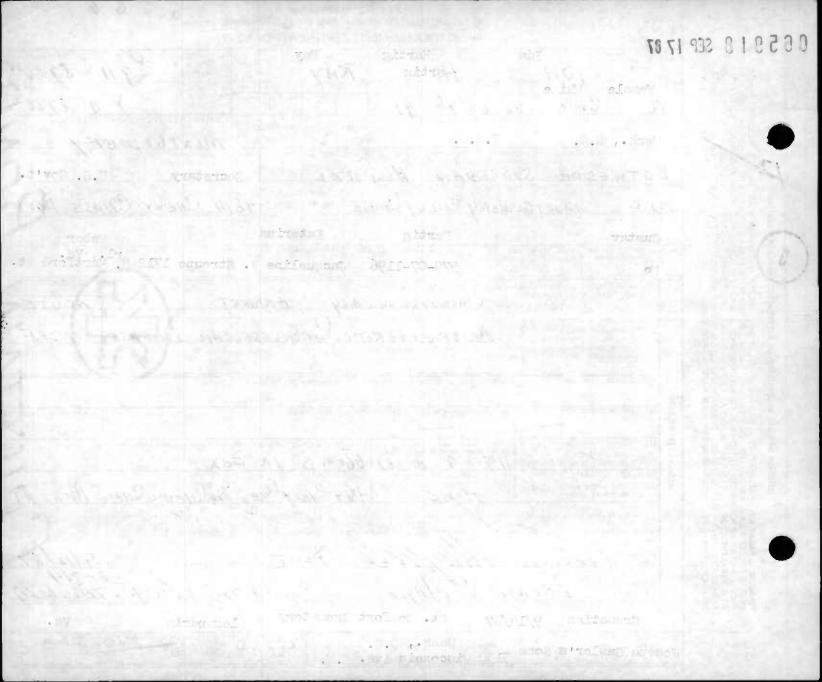
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	FOR STATE REGISTRAR	DEPARTM		LTH AND MENTAL MYG ATE OF DEATH	IEÑE REG. NO	26	965		
TYPE	CEASED NAME FIRST OR PRINT) MACSHALL	L P RA	LAST LSH		2ª DATE OF DEATH	MONTH DAY	YEAR 26	HOUR	
3 SEX	MALE	1. RACE CAUC.	S. DATE OF B	HRTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)  7 2 YRS		FUNDER LYEAR IF UNDER S		
Ma	RTHPLACE (STATE OR FOREIGN COUNTRY) VYLAND	76 CITIZEN OF WHAT COUNTRY?	WIDOWED [		MONTGO	MARY	0		
(IF NOT IN SU		(IF NOT IN SUCH FACILITY, GIVE STREET AN	CICS HOLLTAL		120 USUAL OCCUPATION OF THE CHANIC	F WORKING LIFE	126 KIND OF BUSINES INDUSTRY Automobile		
130 S Mar	cyland Monte	13¢ CITY OR TOWN	rina 13	INSIDE CITY LIMITS?	13. STREET ADDRESS		12 21	902	
	Daniel	G. Rash		MOTHER'S MAIDEN NAM	MIDDLE		ilbliss		
	(YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)							INTERVAT AND DE	
7+,	PART I. DEATH WAS CAUSE IMMEDIATE  Canditions, if ony, which gove rise to immediate cause (o), stoting the underlying cause lost.	DUE TO, OR AS A CONSEQUEN  (b)  DUE TO, OR AS A CONSEQUEN	NCE OF	OCTIVE PACE	INNAM DISE	435	70 \	1295	
ICATION	PART 2 OTHER SIGNIFICANT (	CONDITIONS CONTRIBUTING TO D	BUTING TO DEATH BUT NOT RELATED TO THE TERMIN FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY? 200. IF YES, WERE FINDINGS USEI			
AL CERTIFI	21e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA	214. HOW INJURY OCCURRED (ENTER NATUR			YES NO			
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	224 PHYSICIAN'S NAME (TYPE C	ORPRINT) OTT SCHAINDLER	2	PHYSICIAN D	DIRECTOR   PHYSIC	IAN []		87	

DHMH - 16 60M 7/84 (VRA 15, 4)

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STATE OF MARYLAND

SEP 1 5 1987

page 3

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYG

**CERTIFICATE OF DEATH** 

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	REG NO				
	20 DATE OF DEATH MONTH			26 HOL	JR JAF
	September	20	148,1	11	TUN
1	6 AGE (IN YEARS LAST BIRTHDAY)		DERIYEAR		
ļ		MONT	HS DATS	HOURS	MIN

1. DECEASED NAME EIRST	P.	Reed	September 20 DEAT	mber 2	0 1987 1	OUR HOP
3. SEX	4 RACE	5. DATE OF BIRTH	& AGE (IN YEARS LA			DER 24 HRS
Male	Caucasian	May 25 1927	VEAR 60	YRS	ONTHS DATS HOUR	S MIN
To BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MA	9 BALTIMORE CIT	Y OR COUNTY	OF DEATH	
New York	United States		RCED   Montgome	ery Count	ty	MD.
Rockville	11. NAME OF HOSPITAL, NURSING IF NOT IN SUCH FACILITY, GIVE STREET SHADY GROVE		(TYPE OF WORK FOR MI	OST OF WORKING LIFE	126. KIND OF BUSINDUSTRY ROT Catholic	nan
136. STATE 136 COL	OR OTHER INSTITUTION GIVE RESIDENCE BEFOR UNITY 130. CITY OR TOWN Gaithers	N 134 INSIDE CITY	LIMITS? 13. STREET ADDRE 9701 Fie		<i>‡</i> 20877	
14 FATHER'S NAME FREST Charles	MIDDLE Reed	15 MOTHER'S M			available	100
	RMED FORCES? 166 SOCIAL SECULOR WAR OR DATES) 053 24		pert Duggan, 11	Gaithers 811 Clop	sburg, Md.	20878
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	DUE TO, OR AS A CONSEQU	ENCE OF				

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4 FATHER'S NAME		15 MOTHER'S MAIDEN N	AME		
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OR CONTRIBUTING TO CAUSE OF DEATH		EAR	RRED (ENTER NATURE OF INJUI		NO []
(IF EITHER NOTIFY MEDICAL EXAMINER)  71d INJURY OCCURRED  WHILE NOT WHILE AT WORK	P.M. 21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN COUNTY	STATE
27a-1 certify that (1) (this haspital) saw the deceased alive an abave, (1) (we) (did) (did not) vi 27b. SIGNATURE	3/12/ 19 87	, and that in (my) (our) apinio		, 19 7, that are and have and learn the cau	ses stated

DIRECTOR PHYSICIAN 77e ADDRESS

23e BURIAL, CREMATION, REMOVAL Burial

FOR

- STATE

REGISTRAR

Sept 24,1987St. Rose of Lima

A. Pumphrey Funeral Home-

73d LOCATION
CITY OF TOWN
Gaithersburg, Maryland Maryland

Rockville, Maryland 20850

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

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15 6 SEP	FOR STATE	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL MYG CERTIFICATE OF DEATH	2 6 9 REG. NO.	169
ge 3	1. DECEASED NAME FIRST PAUL	MIDDLE	REICH	20 DATE OF DEATH MONTH	3 1987 6:55 PM
ector, po	MALE MALE	WHITE	5. DATE OF BIRTH  NOVEMBER 6, 1908	6 AGE (IN YEARS LAST BIRTHDAY) 78	IF UNDER TYEAR IF UNDER 24 HRS
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DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

12107 GREENLEAF AVE

_, and that in (my) (our) opinion death occurred on the date and have and from the causes stated

SOBEL MD SOLOMON 23b. DATE 23a BURIAL, CREMATION, REMOVAL

9/4/1987

sow the deceased alive on above, (I) (we) (did) (did not) view the body after death.

SPECIFY BURIAL

24 DUNALDREMIOR STEIN HEBREW MEMORIAL FUNERAL HOME 232 CARROLL STREET, N. W., WASHINGTON, D. C.

BNATE ISRAEL CONGREGATION OXON HILL, PROMIGEO. MARYLAND SEP 0 8 1987 Julia Dander Rudelle.

DHMH - 16 60M 7/84 (VRA 15, 4)

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## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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IS CITY OR TOWN OF DEATH   I. NAME OF HOSPITAL NURSING HOME OR OTHER RISTITUTION   ITS LISUAL OCCUPATION   ITS LISUAL OCCUPA														

DHMH - 16 60M 7/84 (VRA 15, 4)

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## STATE OF MARYLAND CERTIFICATE OF DEATH

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3	may be page 3		3 SEX		ACE A-	S. DATE OF	PICE	6. AGE (IN WARL)	ONTH DAY YE.  30 - 191  1 DAY   IF UNDER	22 2:45 A
	eath. Page 4 neral director or 72 hours at	20	7s. BIF	RTHPLACE (STATE OF FOREIGN 76 COUNTRY) OF THE Carolina	While CITIZEN OF WHAT COUNTRY?  USA	67.	_ 22 -96  NEVER MARRIED   NOVORCED	9 BALTIMORE CITY O Montgome:		
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-	ATTEND ospital o ECTOR	m 21 h m		270.1 certify that (I) (this hospital) saw the deceased alive on abave, (I) (we) (did) (did not) vii 27b. SIGNATURE	Sex 30 193	3 , an	d that in (my) (aur) opinion			
	PITAL OF by the P	Shorte Des		Town P & KN  22d PHYSICIAN'S NAME (TYPE OR PRI	makent 1	np	ATTENDING	MEDICAL STA	FF G	30/87
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOS	- AMPORT	23a 8	TONY P. KA	WARKA 136 DATE 1236	NAME OF CE	8201 /	1236 LOCATION	SICVER S	PRING, MI
99	999	9	24 FL	SPREMOVA1	10/1/87		l Garden Pa	rk HTgHWNP	25b, REGISTRAR'S SIC	GNATURE . \
	IVRA I	7000.000	H:	inës/Rinaldi 1	1800 New Man	np.Av	e.s.s.md OC	2 1987	Julia Davida	m. Kandalis

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE REGISTRAR REG. NO I DECEASED NAME 2a. DATE KNOWN D (TYPE OR PRINT) OF EST DEATH MATED 4 RACE AGE IN YEARS IF UNDER 24 HRS 24. DATE LAST BIRTHDAY) PRONOUNCED WITHIN 72 H DEAD 70. BIRTHPLACE CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNT MARRIED NEVER MARRIED FOREIGN GOUNTRY WIDOWED DIVORCED 120 USUAL OCCUPATION (TYPE) KIND OF BI IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY USUAL RESIDENCE RESIDENCE BEFORE ADMISSIONI 13e STATE CITY OR TOWN 13d. INSIDE CITY LIMITS? HOURS AFTER DEATH, IF N.18. GIVE PAGES 1, 2, G. WITH FORM PM, 3, MIT. PAGES 1 AND 2 SI JE, DIVISION OF PHARM 14 FATHER'S NAME MIDDLE FIRST 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) R ALONG WI USIT PERMIT. HYGIENE, DI 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which TO MEDICAL EXAMINE THE PROBLEM OF THE WORLD PENCIL PROCURE THE CREATE THE WINGS THE WARNING THE WARNING TO THE CHIEF THE WARNING TO THE CHIEF THE WARNING TO PROBLEM OF THE STATE DEPARTMENT. OF HEALTH AND MENTAL BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REI gave rise to immediate cause (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? one NO P 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY , YEAR CONTRIBUTING CAUSE OF DEATH 119 21e PLACE OF INJURY (AT HOME, 21f LOCATION STREET, FACTORY, FARM, ETC. STREET WHILE NOT WHILE CITY OR TOWN COUNTY STATE Inspection 22e I certify that I took charge of the remains described above, held on Autopsy and in my opinion death resulted from: Notural couses Undetermined manner TITLE (SPECIFY XAMINESIS NAME THE OFFRINT 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY 07 84 BP 25M SFP 21 1987 Julia Dender 24 FUNERAL DIRECTOR DHMH - 17 (VR A15 ME (5))

WPORTANT; If Hem 21 is marked or Hem 18 show any injury, or other troumotic

DHMH - 16 60M 7/84 (VRA 15, 4)

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGTENE CERTIFICATE OF DEATH

	4.7	REGISTRAR							REG. NO		
		CEASED NAME FIRST	. \ _ ~	NDDLE	1	AST	1	20 DATE OF DE		DAY YEAR	26 HOUR PM
	3. SE)	V CERTI	4 RACE	ω,	S. DATE O	E BIRTH	Kd3	6 AGE IN YEARS	S LAST BIRTHDAY	IF UNDER LYEAR	GIEUNDER 24 HRS
	7	Female	tidesi	3	MONTH		1895	92	YF	MONTHS DATS	HOURS MIN
2		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF V	WHAT COUNTRY?	8	NEVER /		9 BALTIMORE		NTY OF DEATH	
2		Towa	U.	.S.A.	WIDOWE		VORCED	Montgo	omery		MD
5		Rockville	(IF NOT IN SUCH	OSPITAL, NURSING HEACILITY, GIVE STREET A Grove Nur	DDRESS)		TITUTION	120 USUAL OCI (TYPE OF WORK FO Homema	R MOST OF WORKIN	NG LIFE) INDUSTRY	OF BUSINESS OR Home
1	13a. S	AL RESIDENCE (IF NURSING NOME OF	OTHER INSTITUTION, I	GNE RESIDENCE BEFORE 13. CITY OR TOWN Washingt	V 1		NO 🗆		oress / zip c	ODE Ve., NW,	1999
1	14 FA	Charles	MIDDLE F	White			MAIDEN NAM		AIDDLE	Dodd	
5	16a W	VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECUR		17 INFORMA				7 Locksl	
5		YES, NOOR UNKNOWN)   IF YES GO		577-30-0	654	Eliz	abeth R	. Warner	, Cole	sville,	
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE		line for (a), (b), ond	ficus	0					XMATE INTERVAL
			TE CAUSE (a)	1502pin	utron	ן און	est		1, 1, 1	W	INVE
			DUE TO, OF	AS A CONSEQUE	NCE OF			,	- 1	, ,	
		Conditions, if ony, which	(b)_	3/curel	REFU	JUMJ	ano p	MERILLI NI	wy a	ema ho	V125
		gave rise to immediate couse (a), stating the	DUE TO, OR	AS A CONSPOUE	NCE OF	1	rov	1 >		35 52	
		underlying couse last	(c)_(	branc	, +1+	rial.	-1641/1	who			
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2	CERTIFICATION	190 DATE OF OPERATION	1% COND	IONEDR WHICH	OPERATIO			200 AUTOPS		FYES, WERE FIND ERTIFYING CAUSE YES []	
	CER	210. ACCIDENT WAS UNDERLYING		FINJURY M. MONTH DA	V VEAD	21c. HOW IN	JURY OCCURR	ED (ENTER NATUR	E OF INJURY IN ITEA	A 18 PART 1 OR PART 2)	
1	CAL	OR CONTRIBUTING CAUSE OF DE	AITI		19						
	MEDICAL	21d INJURY OCCURRED	21e PLACE C	OF INJURY	ARM STC I	211 LOCATI			ITY OR TOWN	COUNTY	STATE
	2	AT WORK NOT WHILE	(ATTIOME STA	CELL CHICLORY, OFFICE FA	1	- 7	1	C	rt. /	77 C7	
		220.1 certify that thus hasp		deceased from	TUP	181	1, 19.01		Thank.	190/	, that (I (we) Just
		saw the described alive as obove (1) and and and and	view the body	ofter death.	7 0 ar	nd that in (my	aur apinion d	death accurred a	n the date and	hour and from th	e couses stated
		226. SIGNATURE		./ 1	0	DEGREE		RINGE	misic	Len The DAT	SIGNED
		Chall M	1182	NIN			ATTENDING PHYSICIAN [	MEDICAL DIRECTOR	SIALL		2/18/
		AVAN R.	YINITS	Ky M	0	121/C	DAR	NESTON	w Bo	GAITH	2000 BURG
1	23a E	BURIAL, CREMATION, REMOVAL	236. DATE	23c N	IAME OF C	EMETERY OR	CREMATORY	23d LOCATK		COUNTY	STATE
		Burial	10/2/8		asoni	c. Cer		Des	Moines	Iowa	
	24 FL	UNERAL DIRECTOR Josep	h Gawler	Washingt	Inc.	C 200				GISTRAR'S SIGNA	

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# DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 for use as the burnal-transit permit. Then of Health and Mental Hygiene prior to be priol-transit pe Item 18 21 is marked or DIRECTOR should be detached for with the State Dept. of I MPORTANT: If Item

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### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL I

MARRIED NEVER MARRIED

15 MOTHER'S MAIDEN

ANNIE

17. INFORMANTNIE

FIRST

LAST

5. DATE OF BIRTH MONTH

WIDOWED D

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

BARTLETT

166 SOCIAL SECURITY NO.

MIDDLE

76. CITIZEN OF WHAT COUNTRY?

В.

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

CERTIFICATE OF DEATH

YEAR

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	6 AGE	(IN YEAR	S LAST BI	RIHDAY)		-	VDER I	_		_	R 24	_
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RTI	ETT		GAI	THE	ERS	BUI	RG,	MI	2	30	379	9
						/ T	A	PPROX	IMATE	IN	RVAL	

_	NO		370-32-3202	DOLUKES DA	KILEII G	ATTHERSBURG, MD 208	19
		LAVAC CALIFED D	nne cause per line far (a), (b), and (c) Y: AUSE (a) Malautritic	on delec	tralite	APPROXIMATE INTER BETWEEN ONSET AND	DEATH
	Conditions, if a gave rise to couse (a), sto underlying ca	immediate	DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF		eslon c	sreinana	
NOI	PART 2. OTHER S	1	DITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE T	A	ONDITION GIVEN IN PART 110	
RIFICAT	190 DATE OF OPE		196 CONDITION FOR WHICH OPERATIO		200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEAT	LH3
ICAL CERT	710 ACCIDENT WAS OR CONTRIBUTING [ {IF EITHER_NOTIFY M	CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c HOW INJURY OC	CURRED (ENTER NATURE OF	INJURY IN ITEM 18 PART 1 OR PART 2}	
MEDI		WHITE WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET		ORTOWN COUNTY S	TATE

DHMH - 16 60M 7/84 (VRA 15, 4)

FUNERAL

230 BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL

226. SIGNATURE

FOR

REGISTRAR DECLASED NAME

To. BIRTHPLACE (STATE OR FOREIGN

TOWN OF DEATH

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

tons

4/RACE

UAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Montgomer

MIDDLE

(IF YES, GIVE WAR OR DATES)

W.

- STATE

TYPE OR PRINT!

A FATHER'S NAME

PROZ

MERVIN

(YES, NO OR UNKNOWN)

3 SEX

236. DATE SEPT5, 1987

Joodwas

220.1 certify that (I) (this hospital) attended the deceased from saw the deceased glive an \$\frac{\xi}{28/87}.19.

abave, (1) (we) (did) (did nat) view the body after death

23c NAME OF CEMETERY OR CREMATORY CEDAR HILL CEMETERY

326

DEGREE

22e ADDRESS

ATTENDING

PHYSICIAN

Prince 23d LOCATION CITY OR TOWN

MEDICAL

and that in (my) (aur) opinion death accurred on the date and have and from the causes stated

DIRECTOR | PHYSICIAN

STAFF

SUITLAND PRINCE GEORGES MD

22c. DATE SIGNED

FRANCIS J. COLLINS JR. 500 UNIVERSITY BLVD. W SILVER SPRING, MD 20901 REGISTRAR'S SIGNATUR

	5	TATE	OF M	ARYL	AND	O
DEPAR	RTMENT	OF HE	ALTH	AND	MENT	AGA
	CEI	DTIEL	CATE	OF	DEAT	ш

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oy be ooge 3 deoth	1. DE	REGISTRAR CEASED NAME FIRST POPPINT) Rayno	and Berne	H Roberts	REG. NO  20 DATE OF DEATH MONTH	1 DAY YEAR 26 HOUR 315 PM
moy mre pog	3 SE		4 RACE Caucasian	5. DATE OF BIRTH  MONTH  3 20 189	6 AGE (IN YEARS LAST BIRTHDAY)	1F UNDER I YEAR IF UNDER 24 HRS
1 159	7a. B	IRTHPLACE (STATE OR FOREIGN COUNTRY) Michigan	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR CO	UNITY OF DEATH
11/19/2	10 C	Olvey	11. NAME OF HOSPITAL, NURS  PROT IN SUCH FACILITY, GIVE STRE	WIDOWED DIVORCED DIVO	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK Wholesale	126. KIND OF BUSINESS OR
24		AL RESIDENCE (IF NURSING HOME O STATE 136 COU	OR OTHER INSTITUTION, GIVE RESPIENCE BEFO	ORE ADMISSION) WN 13d INSIDE CITY LIMITS?	130. STREET ADDRESS / ZIP	20906
G.1X40	14. F	Abraham	MIDDLE Rober	ts Mary	Hanna MIDDLE Bo	enwett AST
12/		was deceased ever in u.s. af yes, no or unknown) Note Yes Avai	rmed forces? 166 SOCIAL SEC IVE WAR OR DATES) 11able 214 03		garet Robe ^{ADD} SSS(V Court Silver S _I	Vife) 15401 oring, Maryland 2090
pures that the death cert signed by the otending a ten please remove corbon to burist, cremation, or ren (vry, or other traumatic ex-	NOI	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost	DUE TO, OR AS A CONSEQ  (c)  CONDITIONS CONTRIBUTING TO	salvane voa	RMINAL DISEASE OR CONDITION	N GIVEN IN PART Ito
he low recommend to the low re	FICAT	190 DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATION WAS PERFORMED	200 AUTOPSY? 20b	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \( \) NO \( \)
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NG PHY the the ov the bi th end N	MED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE		CITY OR TOWN	COUNTY STATE
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TO HOSPITAL retoined by to TO FUNERAL should be det with the Stote	226	STATE CHARLES THE TYPE	S. LODMEL	290\ Q	new Rd. of	men Md 2023
ВР		BURIAL, CREMATION, REMOVAL (SPECIFY)  Cremation	September 13, 1987	NAME OF CEMETERY OR CREMATORY Cremator Inc.	y Bethesda/Mc	ontgomery/Maryland
DHMH - 16 60M 7/84 (VRA 15, 4)	75	NAME Bethes 57 Wisconsin Av	t A. Pumphrey Fu sda-Chevy Chase venue Bethesda,M	Inc. aryland 20814	P 1 7 1987	egistrar's signature

## STATE OF MARYLAND

6976

1	FOR STATE REGISTRAR		DEPARTA		IEALTH AND MENTAL HY	GIENE REG. N	10.	09.	6	
40		RST	MIDDLE	ŧ	LAST	2a DATE OF DEATH		DAY YEAR	26 HOUR	
(1)	Phil	ippa Taibu	Lucinda	Robin	son	September	23,	1987	10:50 A	
3 5	SEX	4. RACE		5. DATE C		6 AGE (IN YEARS LAST B	RTHDAY}	MONTHS BAYS	IF UNDER 24 HRS.	
	Female	Black	Black Marc		h 8, 1953 1	34	YRS		HOURS MIN.	
1	BIRTHPLACE (STATE OR FOREI		ZEN OF WHAT COUNTRY?				9 BALTIMORE CITY OR COUNTY OF DEATH			
	ierra Leone		Leone	WIDOWE	DR OTHER INSTITUTION				MD.	
A	akoma Park	(IF NOT IN SU	CH FACILITY, GIVE STREET	ADDRESS)	Hospital	126 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE)  Baby Sitter  Child Care				
136 136	UAL RESIDENCE (IF NURS)	OM OF OTHER INSTITUTION	I GIVE RESIDENCE BEFORE	ADMISSION)	134 INSIDE CITY LIMITS?	13e STREET ADDRESS		DE		
M	aryland P	r. Geo.	Langley	Park	YES X NO	1402 Lang.	ley W	lay, 2078	3	
1	FATHER'S NAME FIRST  hillip Robins	WIDDLE	1AST		15 MOTHER'S MAIDEN N Annette Go	MIDDLE		las	1	
	WAS DECEASED EVER IN U		166 SOCIAL SECU	IRITY NO	17 INFORMANT	Md				
	TYPES NO OR UNKNOWN)	YES, GIVE WAR OR DATES)	July Social Seco		chael Frasior, 3839-64th Avo., Landover Hi					
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		E OF DEATH HOUR A	DEINJURY M. MONTH D. .M.	AY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJ	URY IN ITEM T	IS PART I OR PART 2)		
MEDICAL	21d INJURY OCCURRED  WHITE NOT WHITE AT WORK	LAT HOME ST	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC )	211 LOCATION STREET	CITY OR T	OWN	COUNTY	STATE	
	22a. I certify that (I) (this saw the deceased a above, (I) (we) (did)	s hospital) attended the Sept.  (did not) view the body		Sept. 87	18 19 87 nd that in (my) (our) apinio	n death occurred on the	23 date and h		that (I) (we) last causes stated	
	1276 SIGNATURE	MEDICAL STA	AFF ICIAN []	22c DATE	. 23,198					
Tony P. Kannarkat, M.D. 8201 - 16th Street, Silver Spr									Md. 20910	
236	BURIAL, CREMATION, REA			NAME OF C	EMETERY OR CREMATORY		- 107	-Parting)	100 100 10	
	(SPECEY) Burial	9/28			coln Cemeter	CITY OR TOWN	d. D	r. Geo.	Maryland	
24	FUNERAL DIRECTOR	3/20			ngton, DC 250. D.	ATE REC'D. BY REGISTRAL				
M	cGuire Funera	al Service,	7400 Ged	orgia	Ave. N. W. SI	EP 28 1987	gul	of Marion		

DHMH - 16 60M 7/ (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH **PEGISTRAR** 20. DATE KNOWN MONTH Beatrice Rose ESTI-BUTTICE DEATH MATED S DATE OF BIRTH AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE AUOH P LAST BIRTHOAY) PRONOUNCED 97 لعالم. 7.15 TE CITIZEN OF WHAT COUNTRY To BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) VA U.S.A. gomer 4MD WIDOWED X DIVORCED [ ID CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS Beth. Ret. & Nursing Center Chevy Chase Payroll Auditor U.S. Gov't. MIAL RESIDENCE LIE IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION THE STATE 1136 COUNTY 13c CITY OR TOWN 134 INSIDE CITY LIMITS? 134 STREET ADDRESS Montgomery Rockville 11106 Marcliff Rd. 20852 YES X NO 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Rudolph Fichberg Rosa Hefling 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT **ADDRESS** 579-56-3529 Charles Rosenberg Same as item # 13 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). arrest Cardio Kes pinatos DUE TO, OR AS A CONSEQUENCE OF auteriosc leross Conditions, if any, which CONO NON gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) INNER: THIS CERTIFICATE SHOULD BE ICATE, WRITING THE WORD "PEN E FORWARDED TO THE CHIEF ME TARE PAGE 3 SHOULD BE USED A! THE STATE DEPARTMENT OF HEAH 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NOX 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 21. HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 211 LOCATION AT WORK NOT WHILE mastate AT WORK EXECUTE THE CERTIFICATE,
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TO FUNERAL DIRECTOR: PY
TO FUNERAL WITH THE STA 220 I certify that I took charge at the remains described above, held an Inspection Natural causes . Accident Suicide Homicide . EXAMINER'S NAME SCONSIN (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b DATE 234 NAME OF CEMETERY OR CREMATORY Cremation Mt. Comfort Crematory Alexandria, VA 07/84 14 FUNERAL DIRECTOR Joseph Gawler's Sons, Inc. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** 5130 WI Ave. NW Wash., DC 20016 Wha Devideon Readall (VR A15 ME (5))

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1170 Rockville Pike; Rockville. Md. 20852

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL I CERTIFICATE OF DEATH

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	REG. NO.		
	20 DATE OF DEATH MONTH	DAY YEAR	2b HOUR
	9/5/87		M
	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	1F UNDER 24 HRS
7	57 YRS.	MONTHS DATS	HOURS MIN
7	9 BALTIMORE CITY OR COUNT	Y OF DEATH	
7	Mout C	00	MD.
	12a USUAL OCCUPATION		F BUSINESS OR
	UNEmployed.	(IFE) INDUSTRY	INE
	13e.STREET ADDRESS / ZIP. COD	E 7	NE !
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NAM	-		
	MIDDLE	WILLIA	na.
	ADDRESS		
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	CITY OR TOWN	COUNTY	STATE
<del>-</del>	CITY OR TOWN	- 91	STATE that (I) wet lost

065222 SEP STATE 1. DECEASED NAME (TYPE OR PRINT) ames 4. RACE 3 SEX 5. DATE OF BIRTH 7a. BIRTHPLACE STATE OR FOREIGN MARRIED NEVER MARRIED WIDOWED DIVORCED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10. CITY OR TOWN OF DEATH SIDENCE (# NURSING HOME OR OTHER INSTITUTION. 136 COUNTY 13d. INSIDE CITY LIMITS' 15 MOTHER'S MAIDEN MIDDIE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
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PHYSICIAN DIRECTOR PHYSICIAN

72d PHYSICIAN'S NAME (TYPE OF PRINT)

23c. NAME OF CEMETERY OR CREMATORY

77e ADDRESS

5530

COUNTY

CHEAN CHASE

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNER

Mangary

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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		REGISTRAR							REG. NO			A COLOR
		OR PRINT)	)illia		Evans	Ý	Poyer		0 1	ber a	7 1007	10:02 Am
	-	ale		4. RACE White		5. DATE C	F BIRTH	11	6 AGE (IN YEARS LAST BIRTH	YRS	NTHS DAYS	IF UNDER 24 HRS HOURS MIN
4	C	Pennsyl	vania	U.S.	$oldsymbol{A}_{oldsymbol{\cdot}}$	MARRIEI WIDOWE	D NEVER M	ARRIED	9 BALTIMORE CITY OR Montgome		DEATH	MD.
5	10. CI	TY OR TOWN OF DEA	(TH	Shad	HOSPITAL, NURSIN H FACULTY, GIVE STREET	PORESS)	or other inst	HOSOID!	120 USUAL OCCUPATION IN PEOF WORK FOR MOST OF Administrat	WORKING LIFE)	Dep't o	of Soc. Se
1	Ma ^S	ryland	Montg	other institution, TY comery	GIVE RESIDENCE DEFORE  13( CITY OR TOWA  ROCKVIII		13d. INSIDE CI YES 🔼		13e STREET ADDRESS / 4 Columbia	ZIP CODE Court	20850	
1	Jol	THER'S NAME FIRST	Victo	AIDDLE	Royer		15 MOTHER'S Sara		Elizabeth	1	Fax	on
		AS DECEASED EVER ES, NO OR UNKNOWN)		WAR OR DATES)	166 SOCIAL SECU 177-16-5		Jean E		r Same as 1			
		PART I. DEATH W  Conditions, if ony, gove rise to immouse (a), statin underlying cause	which mediate g the	y one cause per D BY: E CAUSE (a) OUE TO, OI DUE TO, OI	AS A COSECULE	PEOH	ulmo me ha	many character	Jalue		ALTWEIN ON	THE PARTIE OF THE
1	CERTIFICATION	PART 2 OTHER SIGN	7	noly	ITION FOR WHICH	with	N WAS PERFOR	RMED	200 AUTOPSY? YES NO	20b. IF YES, W IN CERTIFYIN YES	/ERE FINDING IG CAUSES O	GS USED OF DEATH?
7	MEDICAL CE	21a. ACCIDENT WAS UND OR CONTRIBUTING C C (IF EITHER NOTIFY MEDIX 21d INJURY OCCURE WHILE NOT WH AT WORK NOT WHAT WORK	AUSE OF DEAT (AL EXAMINER) (RED	P. Zie PLACE (	M. MONTH DA M.	Y YEAR 19 ARM, ETC )	216. HOW IN J		ED (ENTER NATURE OF INJURY		OR PART 7)	STATE
		22e.1 certify that (I) saw the electric above 10 well of	d own	al) attended the	10 6	. 1	DEGREE	ITENDING HYSICIAN	eath accurred an the dot  MEDICAL STAFF DIRECTOR   PHYSICIA		the d from the co	inuses stated
	23a B	Samuel URIAL, CREMATION,	D.	Gold'	borg M	D.	1112	5 R	Trad LOCATION	iko,	focker	16, md
		Cremation		9/29/8	7 Mt	. Con	nfort		Alexandria	. co	TOUNTY	Va. STATE
	24 FU 133	NERAL DIRECTORTY	yson V e Pike	Vheeler Rockv	Funeral H	lome, 2085	2 ^{Inc.}	250. DATE	T 06 1987	,	R'S SIGNATUR	
											-	

DHMH - 16 60M 7/84 (VRA 15, 4)

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IMPORTANT: If them 21 is marked or them 18 shows any injury,

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## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGITAL

d		REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO	o. **		1
9	I. DEC		Barbara	MIDDLEGT	ace	SACHS		MONTH DAY	YEAR	26 HOUR
ı		2 1)	36,000	0	$\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}}}}}}}}}}$	och S	1 105	113	DER I YEAR	IF UNDER 23 HRS
I	3 SEX		4 RACE		5. DATE C		6 AGE IN YEARS LAST BIRT	MONT		HOURS MIN.
l	P-	Female	Whi		Jul.	y 27, 1927	60	YRS		
	C	THPLACE (STATE OR FORE OUNTRY)  St Virgin		NOF WHAT CO	AA A DD IE	NEVER MARRIED	9 BALTIMORE CITY O	E COUNTY OF	DEATH	MD
1		Y OR TOWN OF DEATH	11. NAM			OR OTHER INSTITUTION	120 USUAL OCCUPATION			F BUSINESS OR
1		ckville	134	adu	Grove	Hospital	Secretary		Lega 2083	
7	130. S	L RESIDENCE IF NURSING TATE 131	Montg.	13c CITY	OR TOWN esville	134 INSIDE CITY LIMITS?	17405 An	ZIP CODE		
1	IN FA	THER'S NAME	WIDDLE		LAST	15. MOTHER'S MAIDEN NA	ME		LASI	
ď	br	ville	T	Wind		Grace	Model.	Ry	yder	
1	He W	AS DECEASED EVER IN		ES? 166 SOCI	IAL SECURITY NO.	17 INFORMANT	ADDRE	SS		
ł	[Ai	NO OR UNKNOWN)	IF YES, GIVE WAR OR DA	232-	42-4576	Jack Sach	s Item	13		
ı		18 CAUSE OF DEATH	Enter only one cau	se per line for to	), (b), ond (c)	0.14	0	14	BETWEEN	MATE INTERVAL DNSET AND DEATH
١	5	PART I. DEATH WAS	MEDIATE CAUSE	(o)_ MU!	LTILOBA	R PNEm	ship, lek	MINN		
1			DUE	TO, OR AS A CO	INSEQUENCE OF					
1		Conditions, if ony, w		(b)						
		gave rise to immed cause (a), stating	the DUE	TO, OR AS A CO	NSEQUENCE OF					
		underlying couse	lost.	(c)						
	z	PART 2 OTHER SIGNIF	ICANT CONDITIO	NS CONTRIBUT	ING TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN I	N PART 110	
7	CERTIFICATION	190 DATE OF OPERATIO	N 19b C	CONDITION FOR	R WHICH OPERATIO	ON WAS PERFORMED	20g AUTOPSY?	206 IF YES, WI	ERE FINDIN	IGS USED
4	FIC						YES TO NOT	IN CERTIFYING		OF DEATH?
-	ERT	21g. ACCIDENT WAS UNDER	LYING T 716 T	IME OF INJURY		21c HOW INJURY OCCUR				
E		OR CONTRIBUTING CAL	- 1101		NTH DAY YEAR					
	MEDICAL	(IF EITHER NOTIFY MEDICAL		P.M.	19	211 LOCATION				
	MED	WHILE OCCURRED			Y OFFICE FARM ETC )	STREET	CITY OR TO	WN	COUNTY	STATE
					d from 9-	19.67	ser Ser	(13 h	FF	ah a status and a
		270 I certify that (I) (the saw the deceased above, (I) (we) (did	alive on 99	10512	19 8 1 0	nd that in (my) (our) opinion		ote and hour on		that (I) (we) last couses stated
		226. SIGNATURE	O.L	X_ /		DEGREE	/		220 DATE	SIGNED
		N A	con	1 nuile	in	ATTENDING PHYSICIAN	MEDICAL STAI		Son	131987
		226 PHYSICIAN'S NAM	1/	4		22e ADDRESS		20 . 1	/	11. W.J
		Hector C.	Asunč	ion, M			ner Avenue	, Pool	esv1	IIe, Md.
		URIAL, CREMATION, RE	1 1 1 1 1			CEMETERY OR CREMATORY	13d LOCATION CITY OR TOWN	co	DUNTY	STATE
	B	urial	9/	16/87	Elk Vi	ew Masonic	Clarksbu			
١	24 FU	INERAL DIRECTOR			ADDRESS	25F	PRECID-BY REGISTRAN	ASS REQUITERS	SSICHT	TARE .
1	R		J4 1 1 4 am.			1	I U MOLA	- And Same Bally	-	

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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR STATE REGISTRAR	DEPAI	RTMENT OF HEALTH AND MENTAL I CERTIFICATE OF DEATH	HYGIENE REG. NO.	
1. DECEASED NAME (TYPE OR PRINT)	MIDDLE C	Salb. Jr.	26 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
3. SEX	94. RACE	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS BAYS HOURS
Male To. BIRTHPLACE (STATE OR FOREIG	Caucasian  7b. CITIZEN OF WHAT COUNTE	December 8, 192	_ 9 BALTIMORE CITY OR COUNT	Y OF DEATH
Washington, D.		MARRIED WIDOWED DIVORCED	- 100	
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR		128 USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING L	INDUSTRY
USUAL RESIDENCE (IF NURSING HO	ME OR OTHER INSTITUTION, GIVE RESIDENCE BE	Mospital Hospital	Investigator	U.S. Gov't
mb /	nont gomety Beth	resda YES [ NO [	6007 Walton Roa	ad / 20817
14 FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN	MIDDLE	Kirby
George Ita was deceased ever in u			ADDRESS	KILDY
(YES, NO OR UNKNOWN) (1F)	es, give war or dates) 579 14	3409 Mrs. Ruth A	. Salb, Wife, Same	
PART I. DEATH WAS C	ter only one couse per line for (a) (b). AUSED BY: EDIATE CAUSE (a).	DIO-RESPIRATO	INY ARREST	APPROXIMATE INTERV. BETWEEN ONSET AND DI  O MINUT
Conditions, if ony, whi gove rise to immedia couse (a), stating t underlying couse lo	te DUE TO, OR AS A CONSE	CHARLE OF ARTER	ROIAL TNEARCTER	N 36 HOURS
	EMPHYSE	MA	ERMINAL DISEASE OF CONDITION G	
20 190 DATE OF OPERATION	196 CONDITION FOR WHI	ICH OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH (ES NO ()
OR CONTRACTOR OF CAUSE	OF DEATH AMINER) HOUR A.M. MONTH	DAY YEAR	CURRED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2}
(IF EITHER NOTIFY MEDICAL EX  216. INJURY OCCURRED  WHILE NOT WHILE ALWORK	21R PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	CE FARM ETC ) 216 LOCATION STREET	CITY OR TOWN	COUNTY STA
22a.1 certify that (1) (this saw the deceased of	hospital) attended the deceased frove on 150 % 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to 1900 to	00	nion death occurred on the date and ha	, 19, that (I) (we our and from the causes state
276. SIGNATURE	VI. Jems	DEGREE ATTENDIN PHYSICIA		Sept. 14.19
FOSEP	H D. CONNOR.	m2 94200LD	LEORGE TOWN KO. BOLL	20814 MO
23a BURIAL, CREMATION, REM (SPECIFY) Burial	17, 1987 G	ate of Heaven Cemetery	CITY OR TOWN	ng Maryla
M FUNERAL DIRECTOR Robi Bethesda-Chevy	Chase, Pumphrey Chase, Inc. Avenue, Bethesda	ss money	SHIP 118 1987	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

## STATE OF MARYLAND

CERTIFICATE OF DEATH

6/10		4
	2	
NO.	9.0	

1	REGISTRAR				REG. NO	<i>O</i> .		
	ECEASED NAME FIRST	WIDDLE	(	AST	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
	Bever:	ly Thompson	Sar	ndman	SEPTEM	BER	1487	5:42 AN
3.5	SEX 4. RACE		5. DATE OF BIRTH		& AGE (IN YEARS LAST BIR	THDAY)	IF UNDER I YEAR	
	Female White		Jun		6	7 YRS	MONTHS DATS	HOURS MIN.
7 o.	BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY?		B.	D NEVER MARRIED	9 BALTIMORE CITY OF COUNTY OF DEATH			
	Florida	U.S.	WIDOWED DIVORCED		Montgomery			MD
/	TY OR TOWN OF DEATH  210 K LO W  19911 Tan				12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)  Realtor			
	UAL RESIDENCE (IF NURSING HOME OF STATE 136 COUP Md. Mot		VN	13d. INSIDE CITY LIMITS? YES X NO	130 STREET ADDRESS / 19911 T			727
14	FATHER'S NAME		15 MOTHER'S MAIDEN N					
	Wesley	F Thom;	oson	Ethleen	Ethleen MIDDLE		Jones	
16a	WAS DECEASED EVER IN U.S. AR		RITY NO. 17 INFORMANT		ADDRE	55		
L	(YES, NO OR UNKNOWN) (IF YES, GIV	ve war or dates) 260 16	1250	Martha Hil	1 (Daught	er)		
MEDICAL CERTIFICATION	18 CAUSE OF DEATH (Enter only one cause per line far (o), (b), and (c), (b), and (c), (c), (c), (c), (c), (c), (c), (c),					BETWEEN	BETWEEN ONSET AND DEATH	
	IMMEDIATE CAUSE (D) CARDIO PUL MONARY ARREST							
	Conditions, if any, which gave rise to immediate						WOMA Sweeks	
	cause (o), stating the underlying cause last (c)							136.74
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0							
	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY?	TOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?		
	00.000.000.000.000.000.000		AY YEAR	21c. HOW INJURY OCCUR	NJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)			
	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE,		21f LOCATION STREET CITY OR TOWN COUNTY S			STATE	
	276. I certify that () (this hospital) attended the deceased from OCOBER 1985, to SEFT 1987, that () (we) lost saw the deceased alive 3 SEFTEMBER 1987, and that in () (aur) opinion death occurred on the date and hour and from the causes stated above () (we) (did)							
1 4	TATE OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY	1 1 1		DEGREE			177c DATI	- MIGNED

MPORTANT: If Hem 21 is

IO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physic should be detached for use as the burnol-transit permit. Then please remove corban paper with the State Dept of Health and Mental Hygiene prior to burnol, cremation, or removal

O HOSPITAL OR ATTENDING PHYSICIAN: The

etoined by the hospital or

injury, ar other troumotic event, th

DHMH - 16 60M 7/84 (VRA 15, 4)

23a BURIAL, CREMATION, REMOVAL Burial 236. DATE

Elwood

Cobey, Mo

7006 WAKE FOREST COLLEGE PARK 23c. NAME OF CEMETERY OR CREMATORY

22e ADDRESS

23d LOCATION

MEDICAL STAFF
DIRECTOR PHYSICIAN

COUNTY STATE

20740

9/18/87 Westview Cemetery Atlanta
| 236 DATE REC'D. BY REGISTRAR 256 Hines/Rinaldi 11800 New Mamp. Ave. S.S. Md SEP 1

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in by the funeral director, page 3 be filed within 72 haurs after death

# 065188 SEP 10 87

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGHENE CEDTIFICATE OF DEATH

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"		WEGITTRAR				CERTITI	CAIL OF DE	AIII	REG. NO	D.		
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		AND	N	NOL	lus	10	ATI	ENDING	MEDICAL STAF		91	4/47
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		1 3	Iohn	Merendi	no, MD		4701 R	andolp	h Rd. Suite	#216	Rockvi	lle, Md
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and c should be detached for use as the burial-transit permit. Then please remove carban papers. Pages with the State Dept of Health and Mental Hygiene prior to burial, crematian, ar removal.

injury, ar ather traumatic event, the

IMPORTANT: If Item 21 is marked or Item 18 shows any

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGTENE

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PHOSPHI Direct by D FUNER Movid be Movid be	22d PHYSICIAN'S NAME (TYPE	PR. Dobnids	13975	- Coun Ave	SS. 168 2090
	230 BURIAL CREMATION, REMOVAL	236 DATE 9/13/1987 KI	NAME OF CEMETERY OR CREMATORY	GARDEN SALLS CHU	PCH VIDGINIA
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(VR A15 ME (5))

9-20-87

Tuneral Home

Myersville, MD 21773

PSO DATE REC'D BY REGISTRAR PSO REGISTRAR'S SIGNATURE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE REGISTRAR DECEASED NAME 20 DATE KNOWN OF ESTI-DEATH MATED IF LINDER 24 HRS. 6 AGE (IN YEARS DATE LAST BIRTHDAY) MONTHS DEAD MARRIED NEVER MARRIED II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY II. S. Gow't Engineer 4. FATHER'S NAME IS. MOTHER'S MAIDEN NAME Schutz Reva 17 INFORMANT Silverspring, Md. 20902 166 SOCIAL SECURITY NO. YES NO OR UNKNOWN) 327-14-5818 Sylvia Schutz; Wife; 1008 N. Belgrade Road: CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTNER SIGNIES ANT CONDITIONS CONTRIBUTING TO GEATN BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NO PE PAGE 4 SHOULD BE FORWARDED TO THE CONTROL OF SHOULD BE AFTER DEATH, WITH THE STATE DEPARTMENT BALTMORE, MARYLAND, 21201 PRIOR TO HIS 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, 21 LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN STATE WHILE NOT WHILE 220 I certify that I took charge of the remains described above, held on Autopsy death resulted fram: Natural couses Accident Homicide Undetermined manner TITLE (SPECIFY) EXAMINITE HAME 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial 9/29/87 King David Memorial Garden: Falls Church: Fairfax: Va.

24 FUNERAL DIRECTOR DANZANSKY-GOLDBERG MEMORIAL CHAPELS 250. DATE REC'D. BY REGISTRAR'S SIGNATURE
NAME 07/84 DHMH - 17 1170 Rockville Pike; Rockville, Md. 20852 (VR A15 ME (5))

067131 88 3067 SICH AND SCHOOL STREET STREET

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### STATE OF MARYLAND

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DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low require offending physicion.  offer this certificate has been signs the burial-transit permit. Then the and Mental Hygiene prior to be orked or frem 18 shaws ony injury.	CERTIFICATION	DATE OF OPERA	TION	196 CONE	DITION FOR WHICH	OPERATIO	N WAS PERF	ORMED	200 AUTO	PSY? 20b	IF YES, WERE F	FINDINGS USED	_
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O HOSPITAL TO FUNERAL should be deter	1	126	MAN	1001	MLAMX	5	14	2010	ann	I PAS	1/x KI	(le lan)	•
0 £ 5 £ 3 ₹	23a BUR	IAL, CREMATION,	REMOVAL	73V PATE	Sept. 23c	NAME OF C	EMETERY OR	CREMATORY	23d LOCA		1 your		=
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DHMH - 16 60M 7/84 (VRA 15, 4)	Beth	resda-Chè 7 Wiscor	VY-Cha	ase Inc	mphrey Fur ethesda l	Marul -	nd 200		0171	097	ulia Devid	bor. Kondallo	
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTACHYCIENE . STATE 29 PETISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO 20. DATE KNOWN MONTH (TYPE OR PRINT) OF ESTI-UNERAL DIRECTOR. 5 FOR YOUR FILES. WITHIN 72 HOURS DEATH MATED OBER 22 198 3. SEX AGE (IN YEARS 2d HOUR DATE OF BIRTH IF UNDER 24 HRS DATE LAST BIRTHDAY) AND 3 TO THE FUNERAL DIRECTION OF THE TAIN PAGE 5 FOR YOUR ULD BEFILED, WITHIN 72 HIEL ORDS, 29] W. PRESTON ST PRONOUNCED DEAD 190 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OR NEVER MARRIED FOREIGN COUNTRY) United States DIVORCED Missouri IB CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 12h KIND OF BUSINESS 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING EIFE OR INDUSTRY U.S. Gov't Director USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d INSIDE CITY LIMITS? 13e_STREET ADDRESS 13a STATE 136 COUNTY CITY OR TOWN ETHESD 14 FATHER'S NAME URS AFTER DEATH, I 8. GIVE PAGES 1, 2, WITH FOI IT. PAGES DIVISION 15 MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDE Shelton Belsche Robert Margeri LaVega 17. INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 146 SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) 490 07 0396 Elizabeth T. Shelton Same as #13. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG W. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL- RANSIT PERMIT. AFTER DEATH WITH THE STATE DEPARTMENT OF HEALTH AND MENIAL HYGIENE. D. BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY WOUND CUTE IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which EPRESS gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10-CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? YES NO DY 210 EXTERNAL CAUSE 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR LOR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH House 214 INJURY OCCURRED 21 PLACE OF INJURY 211 LOCATION AT WORK AT WORLE STREET, FACTORY, FARM, ETC.1 22a I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinian death resulted fram Accident Hamicide Undetermined manner TITLE (SPECIFY) EXAMINER'S NAME TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 23d LOCATION 1989t. Montgomery Crematorium Bethesda/Montgomery/Maryland BP Cremation 24 FUNERAL DIRECTOR Robert A. Pumphre Bethresda-Chevy Chase, Inc. 7557 Wisconsin Ave. Bethesda, EP 28 1987 Pumphrey Funeral Home/ **DHMH - 17** (VR A15 ME (5)) 20M 4/82

FOR

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2 0

	0.07	REGISTRAR				CERTIF	ICATE OF DEATH	7	REG. NO	200	172		
	(TYPE-	EASED NAME OR PRINT)	Rou	^	E,	Sh	ifflett	2a. DATE (	OF DEATH	20	87	7 1.	34
ı	3. SEX	110	1	RACE	• 4-	5. DATE C			YEARS LAST BIRT	HDAY] IF U	NDER I YEAR	IF UNDER	24 HRS
١		Male		WK	ite	Janua	ary 27,1918	69		YRS			
)		NTHPLACE (STATEORFOR	reign 7	U.S.	WHAT COUNTRY? <b>A</b> .	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	MA		MEM MEM	DEATH		MD.
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	13a. S M	aryland M	B COUNT		13c CITY OR TOW Silver S		13d. INSIDE CITY LIMITS?	111506	ADDRESS / Good ]	ZIP CODE loe Road	2090	6	
1111		THER'S NAME Emory	Josi	nua	Shiffle	ett	Netta	AME	Irene	-70	Sulli	van	
100		VAS DECEASED EVER IN (ES, NO OR UNKNOWN) Yes		ED FORCES? WAR OR DATES)	579-10-1		Gladys C. Sh	ifflett	(wife) s		13e		
1		18 CAUSE OF DEATH PART I. DEATH WAS	SCAUSED	one couse per BY: CAUSE (o)	line for (o), (b), on	leon	alamin Ce	ner			APPROXI BETWEEN O	MATE INTER	DEATH
1		Conditions, if ony, v gove rise to imme- couse (o), stating underlying couse	diote the lost	(b)	RAS A CONSEQUI	ence of relan	Valuation L		near		ze	n n	
	CERTIFICATION	19a DATE OF OPERATION					NOT RELATED TO THE TER/	200 AU	OPSY?	206 IF YES, WIN CERTIFY IN	ERE FINDING CAUSES	IGS USED	H?
		716. ACCIDENT WAS UNDER OR CONTRIBUTING CAU (IF EITHER NOTIFY MEDICAL	USE OF DEATH	21b. TIME O HOUR A.I	M. MONTH D	AY YEAR	21c. HOW INJURY OCCUR	RRED (ENTER P	NATURE OF INJUR	Y IN ITEM 18 PART 1	ORPART 2)		
	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK		21e PLACE ( (AT HOME STR	OF INJURY EET, FACTORY, OFFICE, F	FARM ETC )	71f LOCATION STREET		CITY OF TOV	VN	COUNTY	51	TATE
		27a.1 certify that (1) (the saw the deceased above, (1) (we) (did	olive on_		19	77 , or	nd that in (my) (our) opinion	n death occur	red on the do	te and hour on		that (I) (w	
		STA SIGNATURE	d	hho			DEGREE ATTENDING PHYSICIAN	MEDICAL	STAF		12 DATE	SIGNED	)
	1	TO PHYSICIAN'S NAM	Se (TYPE OR	u Ima	- 4		941001d	Cerrs.	town A	1 Ber	Mond	e B	7
		URIAL, CREMATION, RE	MOVAL	23h DATE 9/23/8			ek Memorial P	Park C	ATION IY OR TOWN	rbeck, N	Tärvla	and 51	STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and ca should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages I with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 21 is morked or them 18 spews ony

1331 Rockville Pike Rockville, Md. 20852

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR SEIGNAULE SFP 25

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FOR STATE REGISTRAR

#### STATE OF MARYLAND STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAPHYGIENE CERTIFICATE OF DEATH

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ge de de		SR. AGNES	MARIE	SI	IMMONS,	C.S.C.	9/2	87		6:02 th
ir. po	3 SE		4 RACE	S. DATE C		YEAR	6 AGE (IN YEAR	S LAST BIRTHDAY	IF UNDER 1 YEAR	IF UNDER 24 HRS
oge 4		FEMALE	CAUCASIAN		BER 20,	1901	85	YRS	5	3 1 9 5
# P 22 P 9		IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIE	D NEVER A	MARRIED X	9 BALTIMORE	CITY OR COUN	ITY OF DEATH	
deo deo		TY OR TOWN OF DEATH	USA 11. NAME OF HOSPITAL, NURSIN	WIDOWE		VORCED [	MONTO	CUPATION	126 KIND O	MD OF BUSINESS OR
200	KI	ENSINGTON	^{™™} 5000°STRATH	YORE A			(TYPE OF WORK FO	OR MOST OF WORKING	RELIGIOUS	
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e a la	lán \	ALFRED H	ARPER SIMMO		JA 17 INFORMA	NIT		ADDRESS	BARDOI	JLEAU
ond oge	1	YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)			SUPE	RIOR			10
be s. F	NO		1.578-62-		ISR. CA	THERINE	LASH.	C.S.C.	SAME AS	IMATE INTERVAL ONSET AND DEATH
1 11		PART I. DEATH WAS CAUS	nly one couse per line for (a), (b), on ED 8Y. TE CAUSE (a) CARD	MC	ARRI	557			BETWEEN	ONSET AND DEATH
中 人			DUE TO, OR AS A CONSEQUE	ENCE OF		0 0 4	201010	400121 A	D 16	
		Conditions, if any, which	( b) ARTERIO	3504			RUICU	SCULA	RYA	25.
the contract of		couse (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUI	NCE OF	DISE	FASE				
the been bleas			(c)CONDITIONS CONTRIBUTING TO	DE ATH BLIT	NOT BELATED	TO THE TERM	NIAL DISEASE	OB CONDITION (	CIVEN IN DARL 1	
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on. hos beer t permit ene prior ows ony i	TIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION	N WAS PERFO	RMED	200 AUTOPS		YES, WERE FINDING TIFYING CAUSES	
physici trincote Iltronsin ol Hygi m 18 sh	AL CERTIFI	210. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING ] CAUSE OF DE	HOUR A.M. MONTH D.		21c. HOW IN	JURY OCCURR	ED (ENTERNATUR	E OF INJURY IN ITEM	IS RART I OR PART 2)	
YSIC ding s cer s cer ment or Hei	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19	211 LOCATIO	ON				
G PH orth	ME	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY OFFICE F	ARM ETC )	STREET			CITY OR TOWN	COUNTY	STATE
or or see os	1		ital) attended the deceased from_		12/1	19_75	, to	9/2	1987	thos (II) we lost
TTER pitol TOR for u of He		sow the deceased of a	7/12/19	PZ. on	nd that in (my)	(our) opinion d	leath occurred	on the date and h	nour and from the	couses stated
hos hos hos hed ched bept.		226. SIGNATURE	//		DEGREE	21.21.2			220 DATE	SIGNED
Al Cato		DAIRON	extensey, M.D		A	PHYSICIAN (	MEDICAL DIRECTOR	STAFF PHYSICIAN	9/2	147
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should b		13. N. ROSE	MUHUMI		THE CO.	KEN			10 201	25
		BURIAL, CREMATION, REMOVAL			EMETERY OR C		23d LOCATH		COUNTY	STATE
BP	2A 5	BURIAL UNERAL DIRECTOR TIPE AND AND AND AND AND AND AND AND AND AND			VET_CEM	ETERY		GTON. D		U I DE
DHMH - 16 60M 7/84		NAME FRAN	CIS J. COLLINS.			SE SE	P1419	87 Julia	Desiden -	manufe) .
(VRA 15, 4)	1.50	OU UNIVERSITY B	LVD. W SILVER SP	RING.	MD 209	011		Ψ		

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dor, po	3. SEX	4 RACE	5. DATE (	OF BIRTH 14	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
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1 FP/	New York	U.S.A	MARRIE WIDOW	Land Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the C	Montgom	
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2 1 2	DOUAL RESIDENCE (IF NUR	SING HOME OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE ADMISSION)	plia		
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E MINITED	14 FATHER'S NAME	WIDDIE	LAST	15. MOTHER'S MAIDEN NA	AME	LAST
4 7 7/3/	Samuel	Sim		Ida		Smith
ONE.	160 WAS DECEASED EVER	IN U.S. ARMED FORCES?	166. SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS RC	ckville, MD
M a oo a /	no		579-16-1584	Lenore Simon	n 5715 Brewer Ho	
T. BA	PART I. DEATH V	TH (Enter only one couse per VAS CAUSED BY: IMMEDIATE CAUSE (a)	CARDIOPUL	MONARUM.	ARREST	APPROXIMATE INTERVAL BETWEEN ONSELAND DEATH
STON S	Canditians, if any	DUE TO, O	R AS A CONSEQUENCE OF	ULAR FIB	PILLATION	Hours
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to the tare	9a DATE OF OPERA	TION 19b. COND	ITION FOR WHICH OPERATIO	ON WAS PERFORMED		YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO NO
P VIII.	210. ACCIDENT WAS UN OR CONTRIBUTING	CAUSE OF DEATH HOUR A	M. MONTH DAY YEAR		RRED (ENTER NATURE OF INJURY IN ITEM	8 PART I OR PART 2)
N Asia	(IF EITHER NOTIFY MED		M. 19 OF INJURY	211 LOCATION		co.udu care
SE SE SE SE SE SE SE SE SE SE SE SE SE S	W 100 U MARKE	MILE	REET, FACTORY, OFFICE, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
g 4 9 4 9 0		) (this hospital) attended the	decement from	1965	10 9-19	, that (l) (we) fast
A STATES	iaw the decea	sed alive an	1-14 108/10	and that in (my) tour) opinion	death occurred on the date and l	nour and fram the couses stated
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58 54 8 34	23s. BURIAL, CREMATION	REMOVAL 236. DATE	23c NAME OF	CEMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE
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DHMH - 16 60M 7/84	24 FUNERAL DIRECTOR		ADDRESS	25a. DA	TE REC'D. BY REGISTRAR 256 REG	STRAP'S SIGNATURE
(VRA 15, 4)	Ives-Pearso	n F.H. Arling		St	P 22 1987 July	a parison d

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## STATE OF MARYLAND CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

6

	REGISTRAR			REG. NO.	
	ECEASED NAME FIRST PE OR PRINT)  BEATE	WIDDLE	SINGER	SEPTEMBER 1	1987 3:50A
	EMA LE	A. RACE WHITE	S. DATE OF BIRTH  JANUARY 26, 1906	110	
NE	BIRTHPLACE (STATE OR FOREIGN EWNYORK	76. CITIZEN OF WHAT COUNTRY?	MARRIED   NEVER MARRIED	MONTOOMERY CC	DUNTY
R	OCKVILLE	HEBREW HUME OF	AGREATER WASHINGTO	ON THOUSEWIFE	126. KIND OF BUSINESS OR INDUSTRY HOME
S MA		OTHER INSTITUTION GIVE RESIDENCE BEFORE  GOMERY  13C. ROCKVIY	153 10 140 1	6121 MONTROSE	ROAD 20852
11	ISADORE	MIDDIE WESTM	AN LENA	MIDDLE	LIEBERMAN
160 NC	WAS DECEASED EVER IN U.S. AR PYES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SECU 577-54-1	908 17. INFORMANT IRVING B.	WARSINGER, CHEV	Donnybrook Dr. V CHASE, MARYLA
	PART I. DEATH WAS CAUSE	oly one couse per line for 19 (b), on D BY:	d (c)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ATION	gove rise to immediate cause (a), stating the underlying cause lost  PART 2 OTHER SIGNIFICANT (		ence of  MY  DEATH BUT NOT RELATED TO THE TEI  OPERATION WAS PERFORMED		GIVEN IN PART TO
CERTIFICATION				YES NO B	TIFYING CAUSES OF DEATH? YES NO NO
	21g. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH D.		JRRED (ENTER NATURE OF INJURY IN ITEM I	8 PART   OR PART 2)
MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE, 9	PARM ETC ) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
1	sow the eleceosed olive of obove (I)/(we) (did) (did no	tol) oftended the deceased from		on death occurred on the date and h	
	Dhup Ju	wat	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	9147
1	224. PHYSICIAN'S NAME (TYPE OF	Schwaitz	15225 9h	ndy 6 inve 12d # 2	el Rocky, mi)
	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATOR	Y 1234 LOCATION	
	BURTAL	9/3/1987 KI	NG DAVID MEMORIAL	GARDEN OF FALLS C	HURCH, VIRGINIA

DHMH - 16 50M 4/B2 (VRA 15, 4)

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TO FINERAL DIRECTOR. After this certificate has been signed by the attending provide the titled for use as the burnal-transit permit. Then please remove carbonics the Strie Dept. of Health and Mental Hygiene prior to burnal, cremation, or terminate the strip of the strip of the strip of the strip of the strip of the strip of the strip of the strip of the strip of the strip of the strip of the strip of the strip of the strip of the strip of the strip of the strip of the strip of the strip of the strip of the strip of the strip of the strip of the strip of the strip of the strip of the strip of the strip of the strip of the strip of the strip of the strip of the strip of the strip of the strip of the strip of the strip of the strip of the strip of the strip of the strip of the strip of the strip of the strip of the strip of the strip of the strip of the strip of the strip of the strip of the strip of the strip of the strip of the strip of the strip of the strip of the strip of the strip of the strip of the strip of the strip of the strip of the strip of the strip of the strip of the strip of the strip of the strip of the strip of the strip of the strip of the strip of the strip of the strip of the strip of the strip of the strip of the strip of the strip of the strip of the strip of the strip of the strip of the strip of the strip of the strip of the strip of the strip of the strip of the strip of the strip of the strip of the strip of the strip of the strip of the strip of the strip of the strip of the strip of the strip of the strip of the strip of the strip of the strip of the strip of the strip of the strip of the strip of the strip of the strip of the strip of the strip of the strip of the strip of the strip of the strip of the strip of the strip of the strip of the strip of the strip of the strip of the strip of the strip of the strip of the strip of the strip of the strip of the strip of the strip of the strip of the strip of the strip of the strip of the strip of the strip of the strip of the strip of the

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EF	RTI	FIC	ATE	OF	DEAT	H		

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_							REG. NO	)		
	EASED NAME	FIRST		MIDDLE	L	AST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
(TYPE )	OR PRINT!	Leo		P.	Sin	clair	September	13	1987	10:50pm
SEX		I	I. RACE		S. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRT		IF UNDER 1 YEAR	IF UNDER 24 HRS
	Male		Cauca	asian	Sente	ember 7,1912	75	YRS	MONTHS BAIS	HOURS MIN.
	RTHPLACE (STATE OR FO	DREIGN 7		WHAT COUNTRY?	9		9 BALTIMORE CITY O		Y OF DEATH	
	New Jersey		United	States		NEVER MARRIED	Mantagana	0-		
	TY OR TOWN OF DEA				WIDOWE NG HOME C	D DIVORCED DIVORCED	Montgome	ONL	105 KIND O	F BUSINESS OR
			(IF NOT IN SUC	CH FACILITY, GIVE STREET	ADDRESS)		(TYPE OF WORK FOR MOST O	WORKING LI	FEI INDUSTRY	Flooring
SILA	Rockvill			Wickshi		7	Engineer		Juontra	acting
3a S	TATE	136 COUNT	TY	13c. CITY OR TOV	VN	13d INSIDE CITY LIMITS?	13e STREET ADDRESS /			
		Montg	omery	Rockvil	1e	YES X NO	10926 Wick	cshire	e Way/20	0852
4 FA	THER'S NAME	M	IIDDLE	LAST		15. MOTHER'S MAIDEN NA	MIDDLE		LAS	1
	Leo		P.	Sincl	air	May	01a		Pik	ke
	AS DECEASED EVER I			166 SOCIAL SECT	URITY NO.	17. INFORMAN Gertr	ude K Sinc	Sair	(Wife)	
(YES	Yes	1943-	1953	1953   044-01-3129   10926 Wickshire Way Rockvill					e.Marvla	and 2085
	IL CAUSE OF DEATH	LiEnter only	one couse per	r line for (a) (b) ar	nd (c) I					MATE INTERVAL DISET AND DEATH
-	PART I. DEATH WA			Metasta	tic Co	lon Cancer			9 Months	
		IMMEDIATE	CAUSE (a)						1	AT CITS
	C 100	4 . 4	DUE TO, O	Brain	ENCE OF Metast	ases			Q Mo	onths
	Conditions, if ony, which gave rise to immediate									nens
	couse (o), stating the underlying couse last (b) Liver Metastases  Out to, OR AS A CONSEQUENCE OF Liver Metastases  9 Months									
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (c)									
z	PART 2 OTHER SIGN	IIFICANT CO	ONDITIONS <u>Co</u>	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER/	MINAL DISEASE OR CONE	DITION GIV	VEN IN PART 110	
CERTIFICATION										
N C	190 DATE OF OPERAT	ION	196. COND	CONDITION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY? 20b. IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA			
Ė							YES NO	Y	ES 🗌	NO 🗌
CE	210. ACCIDENT WAS UND		216. TIME C	OF INJURY .M. MONTH D	AV VEAD	21c HOW INJURY OCCUP	RED (ENTER NATURE OF INJUR	Y IN 11EM 18	PART I OR PART 21	
¥	OR CONTRIBUTING C			.M. MOI4111 D	19					
MEDICAL	21d. INJURY OCCURR			OF INJURY		211. LOCATION	CITY OR TO	+01	COUNTY	STATE
٤	WHILE NOT WHE	IE 🔲	(AT HOME ST	REET, FACTORY, OFFICE,	FARM, ETC	STREET	CHYORIO	WIN	COUNT	STATE
	220 L certify that (I)		al) attended th	ne deceased from	May	10 8	7 , Sept. 1	3,	19 87	that (I) (we) last
Д	saw the decease	d olive an	Sept.	0, 19		d that in (my) (our) opinion	death occurred an the do	te and hou		
	above, (1) (we) (di 22b. SIGNATURE	id) (did nat)	view the body	after death.		DEGREE			22c DATE	
	220. SIGNATORE	THE	1	-			MEDICAL STAF	F	Sept	ember
	9	10	mu			PHYSICIAN	MEDICAL STAF	IAN 🗌	14,	1987
	22d PHYSICIANSNA	ME (TYPE OR	PRINT)			22e ADDRESS 5401	Western Aven	iue		
	Freder	ick P	earson	Smith M.	D.	N.W.	Washington I	.C. 2	20015	
30 B	URIAL, CREMATION, F	REMOVAL	23b. DATE	231	NAME OF C	EMETERY OR CREMATORY	23d LOCATION			
				4		and the control of the	CITY OF LOUIS			0.0.00
	Burial		16 Sep	tember T.			CITY OR TOWN	ria	Virgini	STATE
(:		obert	16,19	tember I	vy Hil	1 Cemetery	CITY OR TOWN	ria. 25b. REGIS	Virgini TRAR'S SIGNAT	a

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

26997

							REG. N	0.		
	I. DEC	CEASED NAME FIRST		MIDDLE	L	AST	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
	(ITPE	SAMUEL			SING	ER	SEPTEMBER	22,	1987	1:25P M
П	3. SE)	(	RACE		5. DATE C		6. AGE (IN YEARS LAST BIE	THDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
		MALE	WHI	TE	E JUNE 1, 1910		7	77 YRS	MONTHS DAYS	HOURS MIN.
):		RTHPLACE (STATE OF FOREIGN 7	b. CITIZEN OF	WHAT COUNTRY?			9 BALTIMORE CITY	R COUNT	TY OF DEATH	
	Was	shington, D.C. U.S.A.   widowed □				MONTGOME			MD	
ħ.				HOSPITAL, NURSING TH FACILITY, GIVE STREET A		OR OTHER INSTITUTION	12a USUAL OCCUPAT		126 KIND O	F BUSINESS OR
-		BETHESDA	NIH, T	HE CLINIC	AL CE	NTER	Photographe			tography
1	13a. S	AL RESIDENCE (IF NURSING HOME OF COUNT		13c. CITY OR TOWN		134 INSIDE CITY LIMITS?	13e STREET ADDRESS	/ ZIP COI	DE	
1			omery	CHEVY CH	ASE	YES NO	4450 S. PA			17(20815)
7	14. FA	THER'S NAME FIRST M	IDDLE	LAST		15. MOTHER'S MAIDEN NAM	MIDDLE MIDDLE		LAS	1
-		Isaac		Singer		Emma			Auerba	ach
		VAS DECEASED EVER IN U.S. ARM (ES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	16b. SOCIAL SECUE		12 INFORMANT	ADDRI			
H	N	10		578-32-1	806	MRS. RUBY B.	SINGER (SA	ME AS		
		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	DV		l (c).)				BETWEEN	MATE INTERVAL ONSET AND DEATH
		IMMEDIATE	CAUSE (a) S	EPSIS						
DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which (b) CONGESTIVE HEART FAILURE										
H		Canditions, if any, which gave rise to immediate cause (a), stating the			T FALLUAL					
		underlying cause last		ras a conseque NEUMONIA	NCE OF					
		PART 2 OTHER SIGNIFICANT CO			EATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE OR CON	DITION G	IVEN IN PART I C	
	CERTIFICATION					, PERIPHERAL V.				
4	CAT	190 DATE OF OPERATION				N WAS PERFORMED	200 AUTOPSY?	20b IF YI	ES, WERE FINDIN	
5	TIFE						YES NO X		YES	NO [
1	CES	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME O	FINJURY M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18	PART I OR PART 2)	
	CAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.		19					
	MEDICAL	21d INJURY OCCURRED	21e PLACE	OF INJURY	PM FTC \	211 LOCATION	CITY OF TO	WN	COUNTY	STATE
	2	AT WORK AT WORK		att, racioni, office, ra	interior p					
		22a.1 certify that & (this hospita	attended th	e deceased fram			SEPTEME		2 19 87	that X (we) last
		sow the deceased alive on abave, X (we) (did) (did not)	view the bady	alter death.	/, an	nd that in $X_1X_2$ ) (our) opinion d	leath occurred an the d	ate and ho	our and from the	causes stated
		22b. SIGNATURE		Man	1	DEGREE	medica	el Fella	22c DATE	SIGNED
		UNDU	U I	111			DIRECTOR   PHYSIC	TIAN X	66-	Sept 87
		22d PHYSICIAN'S NAME (TYPE OR	PR(NT)			22e ADDRESSNIH, C	LINICAL CEN	TER '	9000 ROC	KVILLE
		11. 150er	111.1	<u> </u>		PIKE, BETHESD		2		
	230 B	URIAL, CREMATION, REMOVAL SPECIFY) Urial	23b. DATE			EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		COUNTY	STATE
			9/23/		ng Dav	vid Mem.Garder	Falls Ch	urch:	Fairfa	x: Va.
	24. FU	INERAL DIRECTOR DANZANS	KY-GOLI	BERG MEMO	DRIAL	CHAPET C 250. DATE	REC'D. BY REGISTRAR	25h/REGIS	STRAR'S SIGNAL	LADE
		70 Poolaville Pi					4 190/	0	1000000	- 4

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

retained by the hospital or

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#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFIC ATE OF DEATH

26998

STORY   SALE	B TOR STATE	TRAR			DEPAR		EALTH AND MENTAL HYG	REG. NO	269	18
SERVING   RACE   SLATE OF BIRTH   SLATE OF BIRTH   SLATE OF BIRTH   DUCTORY   STATE   SLATE OF BIRTH   DUCTORY   SLATE OF BIRTH   DUCTORY   SLATE OF BIRTH   DUCTORY   SCOUNTY OF DEATH   SLATE OF BIRTH   SLATE OF BIRTH   DUCTORY   SCOUNTY OF DEATH   SLATE OF BIRTH   SLATE OF B			-					0/11	87	26 HOUR 8-28P M
Fomale  Black  October 1, 1894  A BRIHARCE (SINTERFORDER)  ID LITZEN OF WHAT COUNTRY  ANABOL DEVELOPMENT  SOUTH CAPOLINE  ID CITY OR TOWN OF DEATH  III. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION  III. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION  III. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION  III. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION  III. STATES PRICE  III. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION  III. STATES PRICE  III. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION  III. STATES PRICE   3. SEX							6. AGE (IN YEARS LAST BIRTHDAY)			
Scuth Carolina United States   Microscot	100			Black		Octo	ber 1, 1894		YRS	, and
The City or Town of Death  It, NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  It of Not the Properties of the City of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of th		CE (STATE OR	FOREIGN	b. CITIZEN OF	WHAT COUNTR	Y? 8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR CO	UNTY OF DEATH	
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TIS STATE  D. C.  ITS. CITY OR TOWN  Washington  Washington  ITS. MODIE  ITS.	Silver	Sprin	9/	Holy C:	H FACILITY, GIVE STRI	ET ADDRESS)	OK OTHER INSTITUTION	(TYPE OF WORK FOR MOST OF WORL	KING LIFE) INDUSTRY	
Dock Allsn    Manual Singleton	13a STATE	ENCE (# NURS	TO COUN	OTHER INSTITUTION. TY	13c. CITY OR TO	NWN				20009
Secure of Death Enter only one cause per line for ial, ib., and ic.)   PART I. DEATH WAS CAUSED BY:   IMMEDIATE CAUSE 10)	14 FATHER'S	FIRST	A	AIDDLE	LAST		FIRST	leton		
SCAUSE OF DEATH (Enter only one cause per line for io), (b), and (c)   PART   DEATH WAS CAUSED BY   IMMEDIATE CAUSE IO)   DUE TO, OR AS A CONSEQUENCE OF (b)					166 SOCIAL SE	CURITY NO.	17 INFORMANT			
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PSCVD, CHF, Regit aced foral pegand, A nemia, cleanted  190, DATE OF OPERATION   gave cause under	rise to imi (a), statir lying cause	mediate ng the last	(10)	RAS A CONSEG Daniel	DUENCE OF	ellitis				
OR CONTRIBUTING NOTIFY MEDICAL EXAMINER)  P.M. 19  21d. INJURY OCCURRED  WHILE ALWORK  21e. PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE FARM ETC.)  21l. LOCATION STREET  CITY OR TOWN  COUNTY  COUNTY  COUNTY  COUNTY  That The property of the deceased of the deceased from power. (IT) approach at the date and hour and from the causes state deceased of the decease		SCVD,	CHF	Regt	t orded	foral 1	sergenes, Ane	1200 AUTOPSY? 110	If yes, were find	INGS USED
OR CONTRIBUTING NOTIFY MEDICAL EXAMINER)  P.M. 19  21d INJURY OCCURRED  WHITE NOTIFY MEDICAL EXAMINER)  21e PLACE OF INJURY (AT HOME, STREET, FACTORY OFFICE FARM ETC.)  27l Certify that (1) this hapman attended the deceased from 19 ond that in mile application death accurred on the date and hour and from the causes state of the deceased alive an 19 ond that in mile application death accurred on the date and hour and from the causes state of the deceased alive an 19 ond that in mile application death accurred on the date and hour and from the causes state of the deceased alive an 19 ond that in mile application death accurred on the date and hour and from the causes state of the date and hour and from the causes state of the date and hour and from the causes state of the date and hour and from the causes state of the date and hour and from the causes state of the date and hour and from the causes state of the date and hour and from the causes state of the date and hour and from the causes state of the date and hour and from the causes state of the date and hour and from the causes state of the date and hour and from the causes state of the date and hour and from the causes state of the date and hour and from the causes state of the date and hour and from the causes state of the date and hour and from the causes state of the date and hour and from the causes state of the date and hour and from the causes state of the date and hour and from the causes state of the date and hour and from the causes state of the date of t	NA I	Nor	e				2 63.7			S OF DEATH?
270. I certify that (1) this haspital attended the deceased from 3988, 19 to 910 8 19 that (1) saw the deceased alive an obove, (1) 19 on on that in (10) 10 opinion death accurred on the date and hour and Irom the causes stopove, (11) 10 opinion death accurred on the date and hour and Irom the causes stopove, (11) 10 opinion death accurred on the date and hour and Irom the causes stopove, (11) 10 opinion death accurred on the date and hour and Irom the causes stopove, (11) 10 opinion death accurred on the date and hour and Irom the causes stopove, (11) 10 opinion death accurred on the date and hour and Irom the causes stopove, (11) 10 opinion death accurred on the date and hour and Irom the causes stopove, (11) 10 opinion death accurred on the date and hour and Irom the causes stopove, (11) 10 opinion death accurred on the date and hour and Irom the causes stopove, (11) 10 opinion death accurred on the date and hour and Irom the causes stopove, (11) 10 opinion death accurred on the date and hour and Irom the causes stopove, (11) 10 opinion death accurred on the date and hour and Irom the causes stopove, (11) 10 opinion death accurred on the date and hour and Irom the causes stopove, (11) 10 opinion death accurred on the date and hour and Irom the causes stopove, (11) 10 opinion death accurred on the date and hour and Irom the causes stopove, (11) 10 opinion death accurred on the date and hour and Irom the causes stopove, (11) 10 opinion death accurred on the date and hour and Irom the causes stopove, (11) 10 opinion death accurred on the date and hour and Irom the causes stopove, (11) 10 opinion death accurred on the date and hour and Irom the causes stopove, (11) 10 opinion death accurred on the date and hour and Irom the causes stopove, (11) 10 opinion death accurred on the date and hour and Irom the causes stopove, (11) 10 opinion death accurred on the date and hour and Irom the causes stopove, (11) 10 opinion death accurred on the date and hour and Irom the causes stopove, (11) 10 opinion death accurred on	00.00	TRIBUTING	DAUSE OF DEA	HOUR A.	M. MONTH		21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN IT	EM TS PART I OR PART 2)	
22a I certify that (1) this hospital attended the deceased from 5.49 19 19 10 10 10 10 10 10 10 10 10 10 10 10 10		JURY OCCUR	RED	21e PLACE	OF INJURY	E FARM ETC )		CITY OR TOWN	COUNTY	STATE
2726. SIGNATURE  JBPOTNICK  MBPOTNICK  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN  2726. PHYSICIAN'S NAME (ITYPE OR PRINT)  GBPOTNICK  MBURIAL, CREMATION, REMOVAL 1336. DATE  2736. NAME OF CEMETERY OR CREMATORY  1736. LOCATION  COUNTY  COUNTY  COUNTY  COUNTY	1			(2 11)	. 107		nd that in (m) (con) apinion			that last e causes stated
GB Patrick II MO  Jilver Spring, Md 20410  230 BURIAL, CREMATION, REMOVAL 23B. DATE  230 LOCATION  COUNTY  COUNTY  COUNTY	22b. SIG	SNATURE MB	Potru	ik I			ATTENDING	MEDICAL STAFF DIRECTOR   PHYSICIAN	all	11/000
ISPECENT CITY OF TOWN COUNTY		6 B	Patr	ick 3	IM		الملا	ier spring, r		10
Cremation 9/18/87 J. William Lee's Sons Washington, D.C.	(SPECIFY)	ation	REMOVAL				am Lee's Sons	Washington.	D.C.	STATE
McGuire Funeral Service 7400 Georgia Ava. N. W. SEP 18 1987	NAZ	ME			ADDRES	Washi			LEGISTRAR'S SIGNA	VIRE .

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TO HUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and called the estoched for use as the build-transit permit. Then please remove carban papers. Pages with the State Dept. of Health and Mental Hygiene prior to build, cremotion, or removal.

Mario F. Golle, Jr., M.D.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENT A HYGIENE

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BALTIMORE CITY OR COUNTY OF DEATH

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DHMH - 16 60M 7/84 (VRA 15, 4)

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Cremation Sept,16,1987Montgomery Crematorium Bethesda Maryland

124 FUNERAL DIRECTOR Obert A. Pumphrey Funeral Home/
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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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3 SEX			RACE		5 DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIT		IF UNDER 1 YEAR	IF UNDER 24 HRS
IF	emalo		WHITE		MONTH	- DAY YEAR	9	3 yrs "	ONIHS DATS	HOURS MIN
7a BI	RTHPLACE (STATE OR	FOREIGN 76	CITIZEN OF	WHAT COUNTRY?	8		9 BALTIMORE CITY	1110	OF DEATH	
1	Paland -		U.S	. A.	MARRIE		Marchan	ILA.	Crein	iti "
10 CI	ITY OR TOWN OF DE	ATH , 11.		HOSPITAL, NURSIN	DDRESS	or other institution	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF HOUSEWIFE		INDUSTRY	F BUSINESS O
USU/ 13a. S	AL RESIDENCE (IF FUR	SING HOME OR OTH	OME RY	GIVE RESIDENCE BEFORE	ADMISSION)	134 INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE	209	
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16a V	VAS DECEASED EVER	(IF YES, GIVE W.		578-62-9	1698	17 INFORMANT LEWIS SOSNO	IIII V		CELLO A	RYLAND
	PART I. DE ATH V	TH (Enter only o	one cause per	line far (o), (b), an	dicia	eremona of.	,	,	BETWEEN	MATE INTERVAL
CERTIFICATION	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BYT NOT RELATED TO THE TERMINAL D  Atter Sterotic Ecological albert fluorities  190 DATE OF OPERATION  190 CONDITION FOR WHICH OPERATION WAS PERFORMED  200							20b. IF YES,		NGS USED
E							YES NO	YES		NO 🗌
	OR CONTRIBUTING	CAUSE OF DEATH	216. TIME O HOUR A.I	M. MONTH DA	AY YEAR	71c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	JRY IN ITEM 18 PA	RTT OR PART 2)	
MEDICAL	WHILE NOT W	MILE	21e PLACE (	OF INJURY EET FACTORY OFFICE, F	ARM, ETC	211 LOCATION STREET	CITY OR TO	Own	COUNTY	STATE
	220.1 certify that ( saw the decea above, (1) (we)				-	nd that in (my) (avel-opinion i	. 10	lote and hour		that (I) (wet) to couses stated
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	DONALDOE GWOR 232 CARROL						P 1 6 1987		AR'S SIGNA	

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STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
CERTIFICATE OF DEATH	

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1 1 7		CAMBODIA	CAMBODIA	WIDOWE		MONTGON	ERY CO.		MD.
41 41	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME C		120 USUAL OCCUPA	TION		F BUSINESS OR
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1 1/1/	14. E	ATHER'S NAME FIRST	MIDDLE LAST		15. MOTHER'S MAIDEN NA/	ME		LAS	ī
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ond cond condical		VAS DECEASED EVER IN U.S. ARI	MED FORCES? THE SOCIAL SEC	CHITY NO.	17 INFORMANT	ADD	RESS		Md.
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TTEND pital o TOR of for use of Hea		73s 1 certify that (1) (this bessel saw the Deceased alive ac- above, (1) (see ) (did ) (did not	al) attended the deceased from		d that in (my) (our) opinion o	death occurred on the	dote and hour o	nd from the	that (I) (we) lost
hos hed ept.		THE SIGNATURE	The second		DEGREE			22c. DATE	SIGNED
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5 € 5 € 3 ₹	23a. 8	BURIAL, CREMATION, REMOVAL	23b DATE 23c	NAME OF C	EMETERY OR CREMATORY	23d LOCATION	-010		
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-		SPITAL OR ATTENDING PHYSICIAN. The low requires that the death certification remains a cities after death. P d by the hospital or attending physician.	NERAL DIRECTOR, After this certificate has been signed by the attending physical and conditionally filled in by the foreign of be detached for use as the burial-transit permit. Their peace immore containing any one of their hand be filled within 72 his State Dept. of Health and Mental Hygiene prior to burial committees a rimmoral.	
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

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Res.	SEP 2	187	STATE REGISTRAR			FICATE OF DEATH	REG. N	0 1	1
, (4)0	e et		CEASED NAME FIRST LEST	ER J	SPER	Q F R	20 DATE OF DEATH	MONTH DAY Y	EAR 26 HOUR
	noy be	3 SE		14 RACE		OF BIRTH	6 AGE (IN YEARS LAST BH	THDAY) IF UNDER	TYEAR IF UNDER 24 HRS
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	1601		bany, New York	U.S.A.	WIDOW		Montgome	rv.	MD
	1000		TY OR TOWN OF DEATH	(IF NOT IN SUCH FACILIT	TY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION 12b K	IND OF BUSINESS OR
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10 21	2 3234	130 5	TATE 13b CO	UNTY 13c. CI	ITY OR TOWN	134 INSIDE CITY LIMITS?	13e STREET ADDRESS		(00000)
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RE.	1 1 17	16a V	VAS DECEASED EVER IN U.S.		OCIAL SECURITY NO.	17 INFORMANT		Potomac, I	Md. 20854
M /	3 / 1		NO (IF YES.	57	7-07-2889	Gary Chandl	er; Nephew;		
PRESTON ST., BALTIMORE, MARYLAND 21201	1 . p		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	anly ane cause per line to SED BY	r tal, (b), and ic) 1	000/0		BET	PPROXIMATE INTERVAL
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	A P S S S S S S S S S S S S S S S S S S		22a I certify that (I) this has says the deceased al-	T /F /4	19 19	and that in (my) (aur) apinio	n death occurred on the d	ate and hour and Ira	that (It (we) last
	OR ATT oe hospin DIRECTO oched fo Dept of		22b. SIGNATURE	bady after d	deoth.	DEGREE		276.	DATE SIGNED
	AL OR the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of the hall of		(1)	/		ATTENDING PHYSICIAN	MEDICAL STA	FF 5	140/h
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	O HOSI		15	KELMR			est Road, #2	08: Hyatts	wille, Md.
	F 6 - 6 - 7		CREMATION, REMOV			CEMETERY OR CREMATORY	23d LOCATION CITY OF TOWN	COUNTY	STATE
	BP	24 5	Cremation NEGAL DIRECTOR	9/22/87	Lee C	rematory	Washin	ogton D	
	DHMH - 16 60M 7/84 (VRA 15, 4)	111	JNERAL DIRECTOR DANZA 70 Rockville P	NSKY-GOLDBEI	RG MEMORIAI	CHAPELS 1852	2 2 1027 A		
	(AKM 13, 4)	TT	10 VOCVATITE L	TVE' INCVAT	LIC, MIL. ZI	DE DE	40 301	ia Devidson.	Candaldo

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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AND 212	13e S	AL RESIDENCE (IF NURS	136 COUNT Mont	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)		13d INSIDE CITY LIMITS? YES NO 🛣		13e STREET ADDR	ess / zip coi depende	ence St	. 20853	
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that the		couse (a), static	ng the	DUE TO, O	R AS A CONSEQUE	ENCE OF	EPSI	3	100			DAY
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NI RECOR	CERTIFICATION	19a DATE OF OPERA			TION FOR WHICH			ORMED	20a AUTOPSY	IN CERT	ES, WERE FINI TIFYING CAUS YES	DINGS USED ES OF DEATH? NO
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tochecker of the horse		22b. SIGNATURE	. 0	11	1.		DEGREE	ATTENDING	ANEOICAL DIRECTOR P	STAFF		4-87
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TO FUNE should be with the		Jerus			IVERE				FREDER		# 427	
		BURIAL, CREMATION,	REMOVAL	236 DATE	230	NAME OF C	EMETERY OR	CREMATORY	23d LOCATION		COUNTY	STATE

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# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGENE

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Richard Rapp, Inc. P. O. Box 43352, Washington, DC

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IMPORTANT # Ben 21 a.m.

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STATE OF MARYLAND STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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DIVISION OF VITAL RECORDS, 201 W. P	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death retained by the hospital or attending physician.	hot the death certificate be executed within 24 hours often dea
TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicistic completely filled in the hans should be detached for use as the burial-transit permit. Then please immore carbon after Popper and Every hand the State Deet, of Health and Mental Hygiene prior to burial, committed.	by the attending physical district completely filled in by the lone ose remove carbon about Poges I and 3 would be filed with bl, certainties, or removal.
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### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH

5. DATE OF BIRTH

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17 INFORMANT

TH LOCATION

NAME OF HÖSPITAL, NURSING HOME OR OTHER INSTITUTION

CUTE Sudde

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

REG NO 20. DATE OF DEATH MONTH 26 HOUR 705 IF LINDER TYEAR 6 AGE (IN YEARS LAST BIRTHDAY) IF LINDER 24 HR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED DIVORCED [ 120 USUAL OCCUPATION 126. KIND OF BUSINESS OR INDL HOMEMAKER AT HOME TV AVA Hospital 20815 3605-CHEVY CHASE LAKE DR. 13d INSIDE CITY LIMITS? 15 MOTHER'S MAIDEN NAME MIDDLE Herter В. ADDRESGaithersburg, Md. Not Available-MR.RICHARD STURGES 765-VARGAS CT. ERONC (ARDINAS WINDESONS PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 206 IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART T OR PART 2) CITY OF TOWN COUNTY nd that in (my) (our)-opinion death occurred on the date and have and from the causes stated 22c DATE SIGNED ATTENDING DIRECTOR PHYSICIAN PHYSICIAN

CERTIFICATION

87STATE REGISTRAR

1 DECEASED NAME

FEMALE TO BIRTHPLACE (STATE OF FOREIGN

PENNSYLVANIA

CITY OR TOWN OF DEATH

MARYLAND

Karl

NO DE UNKNOWN)

14 FATHER'S NAME

(TYPE OR PRINT)

3 SEX

FIRST

ouise

4 RACE

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)

MONTGOMER

Christian

I HE YES GIVE WAR OR DATES

IMMEDIATE CAUSE (0)

22a I certify that (I) (this hospital) attended the decented from

obove, (I) (we) (did ) (did not) since the body after death

18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and je

136 COUNTY

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY

Conditions, if any, which gove rise to immediate cause (a), stating the

underlying couse lost

190 DATE OF OPERATION

21d INJURY OCCURRED

AT WORK

226. SIGNATURE

21a ACCIDENT WAS UNDERLYING

OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

NOT WHILE

sow the deceased alive an

WHITE

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

DUE TO, OR AS A CONSEQUENCE OF

HOUR A.M. MONTH DAY

AT HOME STREET FACTORY OFFICE, FARM ETC !

216. TIME OF INJURY

P.M

21e PLACE OF INJURY

13c CITY OR TOWN

Frolich

166 SOCIAL SECURITY NO.

76 CITIZEN OF WHAT COUNTRY?

20 orked be deta MPORTANT should be

DHMH - 16 60M 7/B4

(VRA 15, 4)

24 FUNERAL DIRECTOR

230 BURIAL, CREMATION, REMOVAL 23b. DATE BURIAL

231. NAME OF CEMETERY OR CREMATOR .1987 PARKLAWN MEM. PK

CITY OR TOWN

MD.

ROCKVILLE. 250 DATE REC'D. BY REGISTRARI256 REGISTRAR'S SIGNATURE

HYSONG CO., INC.-1300 NOST., N.W. WASH. DCo.

STATE OF MARYLAND

Balt-Wash Crematon

Wash.

26 HOUR

126 KIND OF BUSINESS OR

Life Ins. Co.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO F

STATE

COUNTY

Laurel 256 DATE REC'D. BY REGISTRAR 256 PEGISTRAR'S SIGNATURE

22c DATE SIGNED

IF LINDER 21 MRS

IF UNDER LYEAR

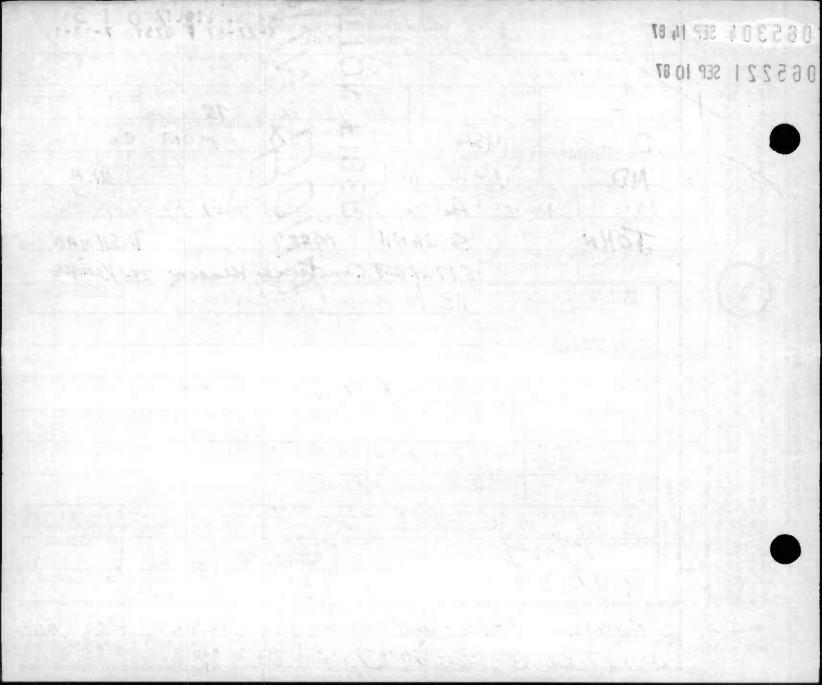
DHMH - 16 60M 7/84 (VRA 15, 4)

Cremation

24 FUNERAL DIRECTOR

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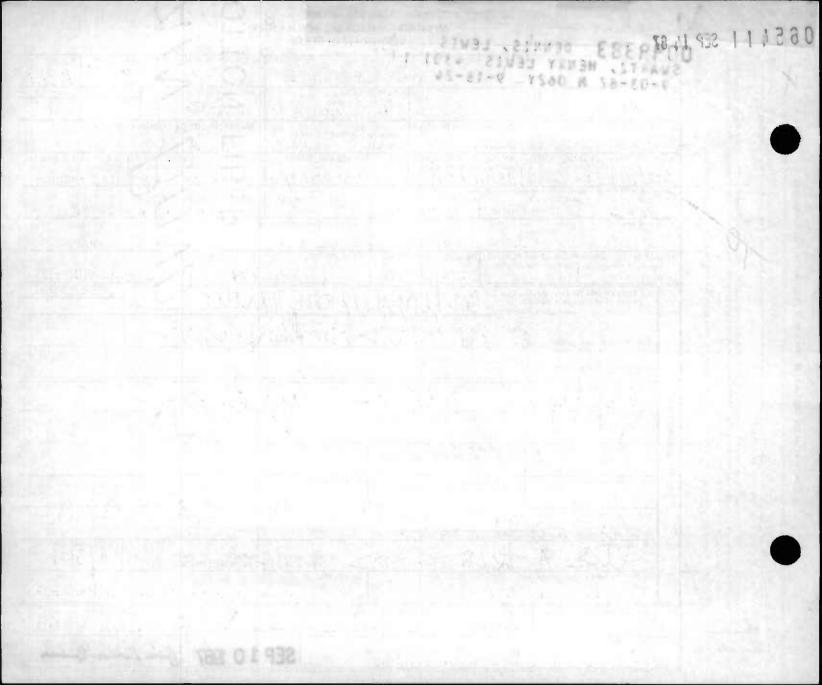
Easton, Maryland

25e DATE REC'D. BY REGISTRAN 354 REGISTRAN'S SIGNATURE

dea Davidson Rendale

DHMH - 16 60M 7/84 (VRA 15, 4) 24. FUNERAL DIRECTOR

Newnam Funeral Home



eral director page 3

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

0	REGISTRAR				CERTIF	ICATE OF DEATH	REG N	O. 1		
1. DE	CEASED NAME	Fin s		AND TO		LAST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
(1176	OK PRINT)	Lois	,	Jane	Tá	akacs	9	-11	1-87	1330M
3. SE	X		1. RACE		5. DATE O		& AGE (IN YEARS LAST BI		HUNDER TYEAR	IF UNDER 24 HRS HOURS MIN
	Female		Whit	e	July		70	YRS	DATE DATE	1.00.3
	RTHPLACE (STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MADDIE	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH	1145
	est Virgin	ia	United	States	WIDOW		Montgomery	Coun	ity	MD
10 C	ITY OR TOWN OF DE	ATH	(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS]	OR OTHER INSTITUTION	120 USUAL OCCUPAT	OF WORKING LIF	FEI INDUSTRY	F BUSINESS OR
	Llver Spri			ross Hosp			Housewife	2	Own h	rome
	STATE	13b COU	NTY	13c. CITY OR TOW	N	134 INSIDE CITY LIMITS?	13e STREET ADDRESS			
_	aryland	Monte	gomery	Silver Spi	ring	YESXX NO	2700 Barke	er Str	eet /	20910
14 F/	ATHER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN NA	AME		(AS	
	Simon			Brown		Margare				ldock
	VAS DECEASED EVEL		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR	ESS 3801	Oglethor	pe Street
	No			166-10-0	845	/Elizabeth H	Ardin-Ober,	Hyatt	sville,	MD 20782
	18 CAUSE OF DEA	TH (Enter of	nly one couse per	line fortial, (b/, and	lic //	1	1	-11	BETWEEN	MATE INTERVAL ONSET AND DEATH
	PART I. DEATH V		TE CAUSE (o)	Sardi	of U	my from	W/			
			DUE TO, O	AS CONSEQUE	NEMOF	101	-1/		10	
	Conditions, if on	v. which	( 11/1	Vknosell	The	Confront	Chine		ph	_
	gove rise to im	mediate	)						1/	
	underlying caus		DUE TO, OI	r as a conseque	NCE OF					
	PAREN STHER SIG	NIFICANT	CONDITIONS	ONTRIBUTING TO E	SATH BUT	NOT REATED TO THE TERA	MINAL DISEASE OR CON	IDITION GIV	VEN IN PART I	0
Z	Made	4	/ 2	la and	Can	Mail.				
AT	19. DARLOF DER	ATION	In-COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		S, WERE FINDI	
CERTIFICATION	A.						YES NOTE		FYING CAUSES	NO
E E	21a ACCIDENT WAS UN	NDERLYING T				21c. HOW INJURY OCCUR				- 0
	OR CONTRIBUTING		AIR	M. MONTH DA		F ALL THE				
MEDICAL	(IF EITHER NOTIFY MEE		P. P. PLACE		19	211. LOCATION	1-2000		NAME OF THE PARTY.	1000
ME		VHILE D	(AT HOME STE	PEET FACTORY, OFFICE F	ARM ETC )	STREET	L'ingen	7	COUNTY	MAIL
			A A A		for the second	* 7 1	. to ken	10 H	(1000	about profit on the same
	22a I certify that (					nd that in my (our) opinion	denth occurred on the	inte and ha	ur and from the	course stated
	obove (we)	did did p	the body	after death.	7		. dedin decorred on the		122c DATE	
	The Signal Gray		110		0	DEGREE ATTENDING	MEDICAL STA	AFF	911	£2
	/ Jexu	m	170 M	m /	7	PHYSICIAN	DIRECTOR   PHYSI	CIAN	1-11-	0/
	13 Loth	min		urid, m	0	1811 hund	e they	Du.g	774 6h	My Let
23e	BURIAL, CHIMATON	, REMOVAL	36 DATE	23c N	AME OF	CEMETERY OR CREMATORY	23d LOCATION		at the shift w	hoto
	Crema	tion	9-12-	87 Met	ropo	litan Cremato		ria,	Virgini	a
24 F	UNERAL DIRECTOR	Ric	hard Rap		_		JE REC'D BY BLOUETEN	Pan Bridge	LAPIC SHOOM	ALL STREET
	P. O.			Washingto	on,	DC 20010 SEP	15 198/4		- 1	0

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO HOSPITAL OR ATTENDING PHYSICIAN The low

> DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR, After this certificate has been signed by the attenshould be detached for use as the burial-transit permit. Then please remaye a with the State Dept of Health and Mental Hygiene prior to burial, cremation,

MPORTANT: If them 21 is marked on

0655.61

	FOR	
-	STATE	
	DECICEDAD	

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

6.0	U	à i

ula Tinder Pondale

REG. NO.

-	1. DEC	CEASED NAME	FIRST		MIDDLE		AST		20 DATE OF DEATH	MONTH	DAY	YEAR	26 HOL	JR
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	3 SE)			4. RACE		5. DATE C	OF BIRTH		6 AGE (IN YEARS LAST B	IRTHDAY)		RIYEAR	# UNDER	
	M	ale	1	Caucas	ian	07	1 1 1	29	58	YRS	MONTHS	DAYS	HOURS !	MIN
6		RTHPLACE (STATE OR FO		76 CITIZEN OF	WHAT COUNTRY?	8 AAA PRIE	D NEVER	MARRIED [	9 BALTIMORE CITY	OR COUNT	Y OF DE	ATH		
	Pe	ennsylvania	a /	United	States	WIDOWE	-	VORCED IX	Montgom	erv (	Coun	tv		MD
1	A CI	ITY OR TOWN OF DEA	TH		HOSPITAL, NURSIN				120 USUAL OCCUPA	TION	126	KIND O	BUSIN	
1	T	akoma Park		Washir	naton Ad	venti	st Hosp	oital	Printing S				ernn	ent
1	13u. S	AL RESIDENCE (IF NURSING STATE		other institution of Geo.	GIVE RESIDENCE BEFORE		LI3d. INSIDE C	ITY LIMITS?	13e STREET ADDRESS					
2	_	*	Princ	ce Geo.	New Car	rollto	162	140	8414 Cath			. 20	784	
1	VI.FA	ATHER'S NAME		MIDDLE	omaselli			S MAIDEN NAM	MIDDLE MIDDLE	Ci	olfi	LAS1		
2		uigi FIRST					Floren							
		VAS DECEASED EVER I		MED FORCES? E WAR OR DATES)	165 SOCIAL SECU		17 INFORMA	Tomas	9348°C	herr	y Hi	II R	d. #	607
	Y	es	KOI	ea	103-22-6	324	Regina	Ollias	Colleg	e Par				
		18 CAUSE OF DEATH PART I. DEATH WA	1 (Enter on	ly one cause per			1 0.	,	1 10			APPROXU	AATE INTER	DEATH
4				E CAUSE (a)	Lung C	the !	2-KA	rchoa	dred/ar2		2	MON	-745	
				DUE TO. O	R AS A CONSEQUE	NCE OF								
		Conditions, if any,	which	( (b)										
		gave rise to imm couse to), stating			R AS A CONSEQUE	NICE OF								
		underlying cause		(0)	K A3 A CONSCOOL	.1400 01								
		PART 2 OTHER SIGN	IFICANTO	ONDITIONS CO	ONTRIBUTING TO [	DEATH BUT	NOT RELATED	TO THE TERMI	NAL DISEASE OR COI	NDITION G	IVEN IN I	PART 1ro		
	ō													
7	CAT	19a DATE OF OPERAT	ION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	RMED	200 AUTOPSY?		ES, WERE			
L	CERTIFICATION								YES NOW		ES [	AUSES	NO [	
	E C	210 ACCIDENT WAS UNDE		216 TIME O	FINJURY M. MONTH DA	AV VEAD	21c HOW IN	JURY OCCURRE	ED (ENTER NATURE OF IN)	URY IN ITEM 18	PARTIOR	PART 7)		
	AL	OR CONTRIBUTING C		171		19								
	MEDICAL	21d. INJURY OCCURRI		21e PLACE	OF INJURY		211 LOCATIO	NC			-			
Н	¥	WHILE NOT WHILE	LE .	(AT HOME STE	REET, FACTORY, OFFICE F	ARM ETC )	STREET		CITY OR T	NWO	(0	UNTY	5	TATE
		220.1 certify that (I) (		tall attended 8h	e decorred from	TULY		1087	- 4/	2	18-	7	1	
		saw the deceased		(//2	198	2/	nd that in (mv)	(aur) apinion d	eoth accurred on the	date and he	un and t		hat (I) (	
		abave, (1) (we) (di	id) (did na	t) view the bady	after death.			(,		Tota one na	or and the	uni me (	doses sic	iled
		27 ora	-1	119			DEGREE	ATTENDING	MEDICAL ST	AFF	E,	1/2	189	10
		Neumy		Koy	W		19	PHYSICIAN X	DIRECTOR PHYS		4	14	01	
		22d HYSICIAN'S NA	ME (TYPE O	PRINTING P	477.		27e ADDRES	S /	Λ.	1 /	7/2			
		14/2VE	7 -	'K'	472cn		5450	Wary	ALI) Rd		lin	1cm	N	2
	23a B	BURIAL, CREMATION, R	REMOVAL	236 DATE			EMETERY OR		23d LOCATION		COUN	IV.		WE
	_	urial		09/05/					tery Silve		_			D.
	24F1	rancis Caso	ch's	Sons Fu	ineral Ho	me, F	P.A.	CE D 4	REC'D BY REGISTRA		A	-	JRE	
	41	730 Raltimo	re A	ve. Hva	attsville	MD 2	0781	AEL I	4 1901 Jul	to Das	durn.	Panda	127	-

4739 Baltimore Ave. Hyattsville, MD 20781

DHMH - 16 60M 7/84 (VRA 15, 4)

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500 UNIVERSITY BLVD. W SILVER SPRING, MD 20901

DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND

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STATE SIGNAL HOLY CILESS HESCITEL INC. THE THE

DHMH - 16 50M 4/83 (VRA 15, 4)

# STATE OF MARYLAND BEPARTMENT OF HEALTH AND MENTAL HYGIENE

8

20.0	- STATE REGISTRAR				EALTH AND MENTAL HYG	REG. N	10			
	CEASED NAME FIRST		MIDDLE	LA	AST	26. DATE OF DEATH	MONTH	DAY YE	EAR 2	b. HOUR
TYPE	D or	rothu	Tr	re h	ten hera		9	20 8	7	11 h
3. SE		4 RACE	5.	DATE O	F BIRTH	6. AGE (IN YEARS LAST BI	RTHDAY)	IF UNDER T	YEAR	F UNDER 24 HRS
म	'emale	White		Aug	. 14, 1908	79			UAYS I	HOURS MIN.
7a B	IRTHPLACE   STATE OR FOREIGN	1	WHAT COUNTRY? 8.			9. BALTIMORE CITY	OR COUN		TH	
	lew York	U.S. 7	Λ	MARRIED	NEVER MARRIED	Montgor		_		
10 C	ITY OR TOWN OF DEATH		- 1 v		PROTHER INSTITUTION	170 USUAL OCCUPAT				M BUSINESS O
Ro	ckville		HEACILITY, GIVE STREET ADD		Home	Saleswoman			othi	ng
USU	AL RESIDENCE (IF NURSING HOME STATE 136 CO	OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE AD		LIST INTO IDE CITY I INTO A					
		gamery	Rockville		136 INSIDE CITY LIMITS?	303 Adcla			0850	))
_	ATHER'S NAME				15 MOTHER'S MAIDEN NAM	ΛE	LC TW	<u>aa 12</u>	0050	,,
	Jacob	WIDDIE	Lowenste	in	Bertha	A IDDI E		D	loc	
Ión \	WAS DECEASED EVER IN U.S.	ARMED FORCES?	16b. SOCIAL SECURIT		17 INFORMANT	ADDR	ESS -			
		GIVE WAR OR DATES)	150-28-323		Robert Tracht	enberg:Son				Md.208
1				CE OF	Y ~ // A					
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S	INDING USES O  RT 2)  ITY  The the co  DATE SH	STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  ST

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.

1	DECEASED NAME FIRST	C.	TR	IPPS	SEPTEMBER	MONTH DAY YEAR 7	12:00 12:00
3	SEX FEMALE	4 RACE Caucasian	5. DATE C	DAY / YEAR	6. AGE (IN YEARS LAST BI	RIHDAY) IF UNDER LYEAR MONTHS DAYS	
<u></u>	OUNTRY)	76 CITIZEN OF WHAT CO	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DEATH	
1	Indiana O CITY OR TOWN OF DEATH	United Stat					OF BUSINESS OR
5	Rockville	(IF NOT IN SUCH FACILITY, G	E ADVENTE	ST NURSING (	TYPE OF WORK FOR MOST	OF WORKING LIFE) INDUSTRY	
	USUAL RESIDENCE (IF NURSING HOME OF 130. STATE 130. COUI Maryland Mont	NTY 13c. CITY	OR TOWN  Ville	134 INSIDE CITY LIMIT	13e STREET ADDRESS 4212 Grea		20853
	4 FATHER'S NAME FIRST Lee		LAST	15. MOTHER'S MAIDEI	N NAME MIDDLE	Johns	AST
1	(YES, NO OR UNKNOWN) (IF YES GI	VE WAR OR DATES)	38-6417	Touise A.	Kokes 4212 G		20853
(2)	PART 2 OTHER SIGNIFICANT  PART 2 OTHER SIGNIFICANT  196 DATE OF OPERATION  216. ACCIDENT WAS UNDERLYING	DUE TO, OR AS A CO	ING TO DEATH BUT		200 AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE	INGS USED
-00	OR CONTRIBUTING CAUSE OF DE LIFETHER NOTIFY MEDICAL EXAMINE  21d. INJURY OCCURRED  WHILE NOTIWHILE	ATH HOUR A.M. MON	19 Y	21c. HOW INJURY OC	YES NO P		NO _
7	22a. I certify that (I) this have sow the deceased all visit above (I) well (did I) (did no 22b. SIGNATURE	on view the body after deal	19.87.0	EGREE  ATTENDII PHYSICII  22e ADDRESS 991	inion death accurred on the c	AFF CIAN   nter Dr.	that (I) we last the causes stated
	230 BURIAL, CREMATION, REMOVAL (SPECIFY)  Burial  24 FUNERAL DIRECTOR ROBERT NAME NAME AVENUE	19, 1987	Parklaw	Home / 250	Park Rockville  Date Rec'd. By REGISTRA	Montgomery R25b REGISTRAR'S SIGNA	Maryland ATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL OR ATTENDIT retained by the haspital or

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TO HOSPITAL

DHMH - 16 60M 7 (VRA 15, 4)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HTGIENE **CERTIFICATE OF DEATH**

REG. NO.

		CEASED NAME	FIRST I	erol		yron	LAST			ON DATE OF	DEATH MO	ONTH DAY	YEAR	2b HOU	IR
		XEK	09	Byro	on	To.	12		EL Sr			1 16	- 87	7:01	
	3. SEX	Male		White		5.	DATE OF	înth Î1,	1922	6. AGE IN YEA	ARS LAST BIRTHD	MON	INDER I YEAR	HOURS	MIN.
1	7o. BII	RTHPLACE   STATE OR !	OREIGN	76. CITIZEN OF W	HAT COUN	NTRY? 8	2000			9. BALTIMOR	E CITY OR	COUNTY OF	DEATH		_
/	1.10	sh. D.C.		U.S.A.	111.5		MARRIED 4 IDOWED I	NEVER MAR	RRIED 🛄	Mon	+ GON	ew (	Coun	Lop	MD
3	10. CI	ETHESDA	HD.	SUBUI	FACILITY, GIVE	NURSING I	HOME OR			120 USUAL O	CCUPATION	1	12b. KIND C		SS OR
25-	USUA	AL RESIDENCE HENURS	ING HOME OR O	OTHER INSTITUTION, GI		E BEFORE AD	MISSION)	I. INSIDE CITY	LIMITCO	La. CYDEET AL	DDDEEC / 3	ID CODE	2	200	Je- , 1
0		aryland		omery		omac				13e STREET AI			Q,	185	9
11	JA FA	THER'S NAME	N	ADDLE	LAS		15	MOTHER'S M	AIDEN NAM		WIODIE		LA		
0	0	Isaac		H•		innel	1		toria		A.			rch	
1		VAS DECEASED EVER		WAR OR DATES	6b SOCIAL		1	. INFORMANT			ADDRESS	Clark	sburg	, Md.	
/		(es	W.W.		578-C	05-85	07 1	eroy B	. Trun	nell,					
1		18 CAUSE OF DEAT PART I. DEATH W	H (Enter only	y ane cause per lin	ne for (g), (	(b), and ic	1, )	X		1 1	0	-1.	APPROX BETWEEN	MATE INTER	DEATH
		PARTI. DEATH W		CAUSE (0)	suto	m	LDDA	ve Ol	WAGA	sdeal	Int.	antil	- 1h	our	unel
		- 2. 17 1		DUE TO, OR	AS A CON	SEQUENC	EOF	all	1-1		11/	1	17	one	nutes
		Conditions, if any,		( 16)	1001	land	land	Thorn	relo	MAR	and	10-	15.	1911	00
		cause (a), statin underlying cause	g the	DUE TO, OR	SACON	SEQUENC	E OF U	ascu	war	dis	erce		- 4		
				(c)											
	NO	anoter and	WA.	ONDITIONS CON	ann	TO DEA	PM	STATE	SA DO	MAL DISEASE	OR CONDIT	AS OL	m PART Y	wirles	1 Pipis
1	CERTIFICATION	190 DATE OF OPERA	TION	196 CONDITI	ON FOR	VHICH OP	ERATION	VAS PERFORM	66	200 AUTOF	SY? 2	Ob IF YES, W	ERE FINDI	OF DEAT	HIN
X	RTIF				0					1.20	NOX	YES [		NO [	
0		OR CONTRIBUTING		HOUR A.M.		H DAY	YEAR 2	It. HOW INJUI	RY OCCURR	ED (ENTERNATU	RE OF INJURY I	NITEM IB PART	OR PART 21		
7	WEDICAL	(IF EITHER NOTIFY MEDI		P.M.			19	1.100.4710.11							
	ME	WHILE NOT WH		21e PLACE OF		OFFICE, FARM		L LOCATION STREET			CITY OR TOWN		COUNTY	51	TATE
		AT WORK AT WO	RK	to an elidation	10 . 11	, 1	15	7770	78	12	500	11	27		
		220.1 certify that (1)	d alive on_	11 Sen	67	19 8=	1-land	hat in (my) (ex	opinion d	enth occurred	on the dole	and hour as		that (I) (a	
		175 SACHAPURE	(did nat	viewthe body of	ter death.	į.	U	REE			7		774 DATE	SIGNED	
		Duce	holl	011 11	rali	2	MD	ATTE	NDING K	MEDICAL DIRECTOR [	STAFF PHYSICIAL	NET.	125	2/57	187
1		THE PHYSICIANS NA	ME I MILY	Person I	-16	100	25	ADDRESS	0	18	72	U	1 1	. %	
1		miche	1 /1	1. ITZ	THE	1/1		5652	Shield	SIril	10,10	elhoso	12 /1	10.2	0817
		URIAL, CREMATION,	REMOVAL	23b. DATE	0.0	63.00		ETERY OR CRE	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	234 LOCAT	ION'S		JUNE 1	9	1416
	24 51	Cremation UNERAL DIRECTOR	on	9/14/19	87	Mt.	Comfo	rt Cres		REC'D BY RE	andria		2-47		a.

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Elantarium, El					CONTRACTOR OF THE PARTY

## STATE OF MARYLAND

	FOR 1 - STATE OCTREGISTRAT	DEPART	MENT OF HEALTH AND M CERTIFICATE OF D	EATH	G, NO.	1	
	1. DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEA	TH MONTH DAY	YEAR 26. HOU	R
1	KAREN	LEIGH	TSONAS	SEPTEM	BER 27,	1987 7:0	On
	3. SEX FEMALE	4. RACE WHITE	5. DATE OF BIRTH  MONTH DAY  AUGUST 7.	6. AGE (IN YEARS LA	AST BIRTHDAY) IF U MON	INDER 1 YEAR IF UNDER	
-	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Mass.	76. CITIZEN OF WHAT COUNTRY?	MARRIED X NEVER M	ARRIED . 9. BALTIMORE CI	TY OR COUNTY OF OMERY COUN		٨
-	BETHESDA	11. NAME OF HOSPITAL, NURSII (IF NOT IN SUCH FACILITY, GIVE STREET NIH, THE CLIN				126 KIND OF BUSINE	SS O
-	USUAL RESIDENCE (IF NURSING HOME O 130. STATE 133 COU FLORIDA BLOW	NTY_ 13c. CITY OR TOV	VN 136. INSIDE CIT		ESS / ZIP CODE RTHEAST 46	6ST, 33064	9
(	14 FATHER'S NAME FIRST Thomas	MIDDLE LAST Woods		MAIDEN NAME  RST MIDE  YV		Terezakis	
	160 WAS DECEASED EVER IN U.S. AL	RMED FORCES? 166 SOCIAL SECU		-	DDRESS		

10	(IF YES, GIVE WAR OR DATES)	096-42-1565	CHRISTOS TSONA	S SAME AS	DECEASED
PARTI DE ATH VA	H (Enter anly one cause per VAS CAUSED BY: IMMEDIATE CAUSE (a)	line for (a), (b), and (c), PROGRESSIVE HYE	POTENSION		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
Conditions, if ony	, which ( (b)	R AS A CONSEQUENCE OF ASPERGILLUS PN	EUMONIA		
gave rise to immore couse (a), stating underlying cause	- 46	RAS A CONSEQUENCE OF BURKITT'S LYMP	HOMA		

190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOX 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH IF EITHER NOTIFY MEDICAL EXAMINER P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 220.1 certify that 14x (this hospital) attended the deceased from MARCH

sow the deceased alive an SEPTEMBER 27 obove, (K(we) (did) 2000 view the body after death 27,19 87 and that in (1980) (our) apinion death occurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED

M.D. ATTENDING PHYSICIAN DIRECTOR PHYSICIAN INSTITUTES OF HEALTH, 9000

PIKE, BETHESDA, MARYLAND 20892

230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

Westminister Garden

234 LOCATION Greensboro, North Carolina

24 FUNERAL DIRECTOR Ives-Pearson F. H. Arlington , Va. 22201

DHMH - 16 60M 7/84 (VRA 15, 4)

CERTIFICATIO

MEDICAL

BY REGISTRAR 256 REGISTRAR'S SIGNATURE 1987

DHMH - 16 60M 7/84

(VRA 15, 4)

W.Chambers Co., Inc. Silver Spring, Maryland

Burial 24 FUNERAL DIRECTOR Sept/14/87

Launion Cemetery

Launion, El Salvadore

the funeral director page 3

the attending physician and c remove carbanpapers. Pages emation, ar removal. FOR STATE REGISTRAR

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

DEC NO

3

	REGISTRAR							REG. NO			40		
DP	ASED NAME FIRST	N	AIDDLE		LAST		2e. DATE O	F DEATH	HINON	DAY YEA	R 2b	HOUR	100 4
3	WILLIA	М		V	ALENTZ			Sel	1 Heurbe	r 5, 19	87	7	4
3. SE		4 RACE		S. DATE (			6 AGE IN	EARS LAST BIRT	HDAY)	IF UNDER TY	EAR IF U	INDER 2	A HRS
	Male	CAUCAS	IAN	SEPT		1918	68		YRS	MONTHS BA	NYS HO	UK2	ARIN.
	IRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF V	WHAT COUNTR	Y? 8	D NEVER		9 BALTIMO	RE CITY OF		Y OF DEATH	1		
	ENNSYLVANIA	USA		WIDOWI		MARRIED !	MC	NTGOM	FRY				N
10 C	ITY OR TOWN OF DEATH	11. NAME OF H		SING HOME				OCCUPATION		12b KIN	D OF BU	ISINES	_
	OCKVILLE	1211	12 GAYNO	OR ROAL	)		MECHAN	ICIAL		I.B			
13e S	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUN RYLAND MONT		131. CITY OR TO	NWC	13d. INSIDE	ITY LIMITS?	13e.STREET .	ADDRESS /			0853		
14. FA	ATHER'S NAME				15 MOTHER	SMAIDENNA			011 110			-	
	PAUL	MIDDLE	VALENT	Γ7.	Δ	MELIA		MIDDLE		RE	LITS	vv	
16a V	WAS DECEASED EVER IN U.S. AR	MED FORCES?	16b SOCIAL SE		17 INFORM			ADDRES	SS		DITTO	ICI	_
N		E WAR OR DATES]	279-10-	-0490	GERAL	DINE VA	ALENTZ/	WIFE/	SAME	AS 13			
	18 CAUSE OF DEATH (Enter or	ly one couse per	line for (a), (b),	and ICI.)							POXIMATE	INTERV	(A)
	PART I. DEATH WAS CAUSE	D BY:	Vou	Vijail	an a	ulute	muio	ب		1	lin	1/	00
	IMMEDIA	re CAUSE (a)	7,350	700.		7						0  -	_
		DUE TO, OR	AS A CONSEC		2. K 1	+nent	dised.	10	wite.	1	'cai	2-	
	Conditions, if any, which gave rise to immediate	(b)	A The	vosclov							001		
	couse (a), stating the	DUE TO, OR	AS A CONSEC		no tion	1 0+1	eftu	quin	cular	`			
	underlying couse lost	(c)		fu	uctia	1							
200	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	NTRIBUTING T	O DEATH BUT	NOT RELATE	TO THE TERM	MINAL DISEAS	E OR COND	ITION GI	VEN IN PAR	1 119 /	she-	41
O	Chronic Obsi	ructive	pulmo	ud ou c	lisens.	eiTyk	o I Dis	Letes	Chi	rouse u	SLOW	MAIL	14
CERTIFICATION	190 DATE OF OPERATION		TON FOR WHI	-			20a AUTO	OPSY?	206 IF YE	S, WERE FIN	DINGS	USED	
FF							VEC C	NO		FYING CAU			
ERT	71a. ACCIDENT WAS UNDERLYING	7 21b. TIME OI	F INTITION		121c HOW II	LILIPY OCCUP	RED (ENTERNA	NO		ES 🗌		0 [	
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	saw the deceased alive an	8-	17-19	87.0	nd that in (my	( opinion	death occurre	ed on the do	te and ho	ui and from	the caus	es stot	ted
E 11	27b. SIGNATURE	view the body	after death.		DEGREE					77¢ D.	ATE SIGI	NED_	
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	BURIAL, CREMATION, REMOVAL	23b DATE	23	c. NAME OF C	EMETERY OR	CREMATORY	23d LOC/						
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5	00 UNIVERSITY B	I VIII W											

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certifical tests should be detached for use as the burial-tran it with the State Dept. of Health and Mental Hyperes

OR ATTENDING PHYSICIAN

TO HOSPITAL OR ATTENDIN

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### STATE OF MARYLAND

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and 2	G	errit	MIDDLE	Vander Sch	luyt	Elizabeth	MIDDLE	Ro	ose LAST
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S in it	CERTIFICATION	190 DATE OF OPERATION	6-6 1	ONDITION FOR WI		N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WEF IN CERTIFYING YES	CAUSES OF DEATH?
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DHMH - 16 60M 7/B4	24 F Dor	UNERAL DIRECTOR 18 Idne V. Borgv	wardt 449	O Powder tsville	Mill Ro	25e DA	ATE REC'D. BY REGISTRAR		
(VRA 15, 4)			Be]	tsville	Md 20705		20 1997	in Dunders	Cudase

RE MARYLAND 2120

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMQ

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HERE CERTIFICATE OF DEATH

27025

REG. NO

- 1	I. DEC	CEASED NAME	FIRST		MIDDLE	i.	AST	2a DATE OF DEATH	MONTH D	AY YEAR	26 HOUR
1	()AH	CH PRINCIS	Esther	r	H•	Ve	an Dyne	Sep	ember	16,1987	1:00 PM
	3. SEX	X-		4. RACE		S. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BE	THDAY)	IF UNDER I YEAR	If UNDER 24 HRS
	. :	Female		White		Sent	. 26, 1894	92	YRS	ONTHS DATS	HOURS MIN
1	13	RTHPLACE (STATE	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8		9 BALTIMORE CITY		OF DEATH	
1		COUNTRY)		U.S	Δ	MARRIE	D NEVER MARRIED A	Montgomer	v		440
5	10 CT	TY OR TOWN OF D	DEATH			*	OR OTHER INSTITUTION	12ª USUAL OCCUPAT		176. KIND O	F BUSINESS OR
9	1	Beth.		Subur	ban Hosp.	ADDRESS)		Missiona Missiona	F WORKING LIFE	Chu	rch
Z	13a. S	AL RESIDENCE (IF N	URSING HOME OF		GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE		
2		MD	Mont		Chevy Ch		YES 🔼 NO 🗌	12 W. Ki		t. 20	815
1	M FA	THER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDEN NA				
0	1	Frederic	k	MIDDLE	Van Dyne		Mary	Clarie	sa	Hutc	hins
,		VAS DECEASED EV			166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR	1	vermor	e. CA
	(A	YES, NO OR UNKNOWN)	(IF YES, GI	/E WAR OR DATES)	220-44-	3849	Mary Adelaid	le Martz 138	6 Dais	sy Lane	94550
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K	CERTIFICATION	Tulna	24, 198	7 +	ractur	ed	LEFT HIP	YES TO NOTO	IN CERTIFY YES	ING CAUSES	OF DEATH?
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1	7	OR CONTRIBUTING		nin .	M. MONTH DA						
	100	11d INJURY OCC			OF INJURY	19	211, LOCATION				
7	ME!		WHILE		REET, FACTORY, OFFICE, F.	ARM ETC )	STREET	CITY OR 10	WN	COUNTY	STATE
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7		376 SIONATURE	1)			1 0	DEGREE	Liena ce.		22c DATE	SIGNED
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	23a 8	URIAL, CREMATIO					EMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE
		Crema		9/23/8	87 M	t. Cor	mfort Cremator	Alexand	ria, V	A	STATE
	24 FL	UNERAL DIRECTOR	Joseph	Gawier	Sons,		1 7	E REC'D. BY REGISTRAR	Pasts w	ARE, SIGNAP	RELABO
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DHMH - 16 60M 7/84 (VRA 15, 4)

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(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	FOR  - STATE  RY REGISTRAR	DEI		EALTH AND MENTAL HYS	IENE REG NO.	026
-	DECEASED NAME FIRST [TYPE OR PRINT]	J.		TIAK	SEPTEMBER 26	Λ
	MALE	CAUCASIAN				YRS.
4	ILLINOIS	b. CITIZEN OF WHAT COUL USA	WIDOWE		9 BALTIMORE CITY <u>OR</u> CO MONTGOMERY	MD MD
1	SILVER SPRING	1. NAME OF HOSPITAL, N (I NOT IN SUCH FACILITY, GM 407 BURNT MI	LLS ROAD		170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK PRINTER	INDUSTRY WORKMANS, INC.
	USUAL RESIDENCE (# NURSING FOME OR O 136 STATE ILLINOIS COOK			YES NO	130.STREET ADDRESS / ZIP 8246 SOUTH	CODE TROY STREET 60652
7	WENDELL	IDDLE VART	TIAK	15 MOTHER'S MAIDEN NAM FIRST ANNA	WIDDLE	UNKNOWN
2	160. WAS DECEASED EVER IN U.S. ARM (YES, NO OR UNKNOWN)  NO	WAR OR DATEST	1 SECURITY NO. 19-1443	EMILY M. VAR	ADDRESS TIAK WIFE SA	AME AS 13
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1	216. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY			YES NO NO IN IT	CERTIFYING CAUSES OF DEATH?  YES NO NO
	OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTBY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE NOTBY WHILE ALWORK  276-1 certify that (1) (this hospital saw the deceased alive and	P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, (	from_3/	211 LOCATION STREET  19  87	city or town	COUNTY STATE  19 7, that (I) (we) last and hour and from the causes stated
1	above, (I) (we) (did) (did not) 271 SIGNATURE  272 PHYSICIAN SNAME (TYPE OR)  Richard P. De.	aught		ATTENDING PHYSICIAN 770 ADDRESS	DIRECTOR PHYSICIAN	22c. DATE SIGNED
		736 DATE SEP. 29.1987		EMETERY OR CREMATORY  S CEMETERY	23d LOCATION CITY OR TOWN	ARK COOK ILLINOIS
		NCIS J. COLLJ		250. OT		EGISTRAR'S SIGNATURE

500 UNIVERSITY BLVD., W. SILVER SPRING, MD. 20901

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#### STATE OF MARYLAND STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

055 SEP 2	318	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY	GIENE REG, NO.	
	-	CEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MO	NTH DAY YEAR 126 HOUR
y be oge 3 death		ELFIE	JUDD	VIERECK,	SEPTEMBER	-11 1000
4 mo	3 SE	(	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE JIN YEARS LAST BIRTHDA	MONTHS DAYS HOURS MIN
nge nge nave		Female	Caucasian	May 9, 1892	95	YRS
4 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	8.0	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED   NEVER MARRIED	9 BALTIMORE CITY OR C	
op 0 op 1		TY OR TOWN OF DEATH	U.S.A.	WIDOWED DIVORCED DIVORCED DIVORCED	Montgome:	12h KIND OF BUSINESS OF
by the	T	akoma Park	Heritage Hea	1thcare Center	Reg. Nurse	ORKING LIFE) INDUSTRY
24 hour filled in ourd be	13p	STATE 136 COUL	NT AKOMA	NN 13d. INSIDE CITY LIMITS?	13. STREET ADDRESS / ZI	000010
orthing 2		THER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NA	AME	LAST
ed within 24 hours impletely filled in by	los	CAR MAX		MELVINA		OBENOUR
cote be execut ysicion ond co aper vol. it, the	100	VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIT	/E WAR OR DATES)		ADDRESS	P.O. Box 93
9 0 0	No		111-09		WROE EDGEW	ATER, MD. 2103
hysici paper ovol. nt, th		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b), a D BY.	ndicity of Lagran	+ Lailing	BETWEEN ONSET AND DEATH
bong p			TE CAUSE (a)	sure wear	Junes	1 yr
oth cending corb n, or r motic			DUE TO, OR AS A CONTEQU	JENCE OF		
he death co he attendin emove corb mation, or r troumatic		Conditions, if any, which	(b)			
es that the hed by the please re- urial, crem		couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQU	JENCE OF		
, c p s	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER/	MINAL DISEASE OR CONDIT	ON GIVEN IN PART I to
law requires to been signermit. There is prior to be sony injures only	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATION WAS PERFORMED	20a AUTOPSY? 26	IF YES, WERE FINDINGS USED
2 5 5 6	1 E				YES NO NO	YES NO
N. T. N. T.	CER	210. ACCIDENT WAS UNDERLYING		ZIE HOW INJURY OCCUP	RED (ENTER NATURE OF INJURY IN	ITEM (8 PART ( OR PART 2)
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PHYS ending this or the burned Me	MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
DING PHYSICIAN: 1 or ottending physic After this certificate e as the buriol-trans oith and Mental Hyg marked or them 18 st	2	AT WORK AT WORK	(ATTOME STREET, THE TONT, OTTICE	TARM, CTC J	2 2	
NDIN Lar Leolit			ital) attended the deceased from	7-28, 19.80		, 19 , that (we) los
Principle of H		saw the deceased alive or	of wiew the body ofter death.	, and that in ( our) opinion	death occurred on the date	and hour and from the causes stated
OR A DIRECTOR A DIRECTOR Dept.		GK SICHATURE	75/1 n	20 988	44551544 67455	22t. DATE SIGNED
AL O AL D detoc of the D AL D		Gengslad	w/ james KU		MEDICAL STAFF DIRECTOR   PHYSICIAN	1-29-8
SPIT d by JNER JNER JNER STAN	1	124 PHYSICIANS NAME LIVE	OR PRINT	27e ADDRESS 392	9 Ferrara D	rive
TO HOSPITAL ( retained by the TO FUNERAL I should be deto with the State I IMPORTANT: #		George F. S	engstack, M.D		aton, Maryl	
5 5 5 4 3 ₹		BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY STATE
BP		Cremation	n 9/25/87 B	altWash.Crema	tory Laurel	P.G. Marylan
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HIGGENE

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FOR - STATE

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HIGIENE CERTIFICATE OF DEATH

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Davidson Moores Vorhes Sept. 22, 1987  3. SEX  4 RACE  5. DATE OF BIRTH MONTH DAY YEAR MAY 26, 1912  75 YRS  6. AGE IN YEARS LAST BIRTMOAY) MONTHS DAYS MONTHS DAYS  75 YRS  6. AGE IN YEARS LAST BIRTMOAY) MONTHS DAYS MONTHS DAYS MONTHS DAYS  75 YRS  75 YRS  8 MARRIED NEVER MARRIED DAYS MONTHS DAYS MONTHS DAYS MONTHS DAYS  9. BALTIMORE CITY OR COUNTY OF DEATH MONTHS DAYS MONTHS DAYS MONTHS DAYS MONTHS DAYS MONTHS DAYS MONTHS DAYS MONTHS DAYS MONTHS DAYS MONTHS DAYS MONTHS DAYS MONTHS DAYS MONTHS DAYS MONTHS DAYS MONTHS DAYS MONTHS DAYS MONTHS DAYS MONTHS DAYS MONTHS DAYS MONTHS DAYS MONTHS DAYS MONTHS DAYS MONTHS DAYS MONTHS DAYS MONTHS DAYS MONTHS DAYS MONTHS DAYS MONTHS DAYS MONTHS DAYS MONTHS DAYS MONTHS DAYS MONTHS DAYS MONTHS DAYS MONTHS DAYS MONTHS DAYS MONTHS DAYS MONTHS DAYS MONTHS DAYS MONTHS DAYS MONTHS DAYS MONTHS DAYS MONTHS DAYS MONTHS DAYS MONTHS DAYS MONTHS DAYS MONTHS DAYS MONTHS DAYS MONTHS DAYS MONTHS DAYS MONTHS DAYS MONTHS DAYS MONTHS DAYS MONTHS DAYS MONTHS DAYS MONTHS DAYS MONTHS DAYS MONTHS DAYS MONTHS DAYS MONTHS DAYS MONTHS DAYS MONTHS DAYS MONTHS DAYS MONTHS DAYS MONTHS DAYS MONTHS DAYS MONTHS DAYS MONTHS DAYS MONTHS DAYS MONTHS DAYS MONTHS DAYS MONTHS DAYS MONTHS DAYS MONTHS DAYS MONTHS DAYS MONTHS DAYS MONTHS DAYS MONTHS DAYS MONTHS DAYS MONTHS DAYS MONTHS DAYS MONTHS DAYS MONTHS DAYS MONTHS DAYS MONTHS DAYS MONTHS DAYS MONTHS DAYS MONTHS DAYS MONTHS DAYS MONTHS DAYS MONTHS DAYS MONTHS DAYS MONTHS DAYS MONTHS DAYS MONTHS DAYS MONTHS DAYS MONTHS DAYS MONTHS DAYS MONTHS DAYS MONTHS DAYS MONTHS DAYS MONTHS DAYS MONTHS DAYS MONTHS DAYS MONTHS DAYS MONTHS DAYS MONTHS DAYS MONTHS DAYS MONTHS DAYS MONTHS DAYS MONTHS DAYS MONTHS DAYS MONTHS DAYS MONTHS DAYS MONTHS DAYS MONTHS DAYS MONTHS DAYS MONTHS DAYS MONTHS DAYS MONTHS DAYS MONTHS DAYS MONTHS DAYS MONTHS DAYS MONTHS DAYS MONTHS DAYS MONTHS DAYS MONTHS MONTHS DAYS MONTHS MONT	MOURS MIN
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No 088-01-4573 John B. Vorhes, 6447 Wiscasset Rd, E	ethesda
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	anc
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1  190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDING CAUSES YES 210. ACCIDENT WAS UNDERLYING 215. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)	NGS USED
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27a.1 certify that (1) this haspital) attended the deceased from 100 2 19 85 to 9122 19 87, sow the deceased alive on 1987, and that in (1) opinion death occurred on the date and hour and from the above, (1) and (1) opinion death occurred on the date and hour and from the	-
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276.1 certify that This hospital) attended the deceased from 1987, and that in my (our) opinion death occurred on the date and hour and from the above, the deceased alive on yiew the body after death  276. SIGNATURE  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 1972  276. PHYSICIAN DIRECTOR PHYSICIAN 1972  276. ADDRESS  SURIAL, CREMATION, REMOVAL 23b. DATE 1585(54)  276. NAME OF CEMETERY OR CREMATORY 277. AMAGE OF CEMETERY OR CREMATORY 278. DOCUMENT OF THE COUNTY COUNTY	e couses stated E SIGNED 23/87 N CHASE

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## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYCIENE CERTIFICATE OF DEATH

SEP 1 0 1987 Julia Division Rudelle

		REGISTRAR					REG. N	0		A Comment
		CEASED NAME FIRST		MIDDLE	1	AST	20 DATE OF DEATH		DAY YEAR	26 HOUR
96 9		Genevi	eve	YOUNG	Wa	Iker		9	3 87	2300 N
	3. SE		4 RACE	2	5. DATE C	DAY YEAR	6. AGE (IN YEARS LAST BI		IF UNDER 1 YEAR	HOURS MIN.
150		Female	White		July	1, 1912	75	YRS		
62		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF U.S.	WHAT COUNTRY?	MARRIE WIDOWE	NEVER MARRIED DIVORCED	Montac			M
85		TY OR TOWN OF DEATH  Rockville	(IF NOT IN SU	CH FACILITY, GIVE STREET	IG HOME C	OR OTHER INSTITUTION HOSPITAL	170 USUAL OCCUPAT	ION .	126 KIND C	of Business or Ome
3	13g S	AL RESIDENCE (IF NURSING HOPE TATE LAND MO			E ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 3269 South	/ ZIP CODE	ire Wor	20906 ld Blvd.
125	14 FA	THER'S NAME Elmer	James	Your	ng	15. MOTHER'S MAIDEN NAMED FIORENCE		ela	Fit	her
medical		VAS DECEASED EVER IN U.S.	S. ARMED FORCES? S. GIVE WAR OR DATES)	166 SOCIAL SECU		A.C. Walker	(husband) sa		13e	
or removal. otic event, the		18 CAUSE OF DEATH (Ent. PART I. DEATH WAS CA	DIATE CAUSE (0)		Cell C	arcinoma, Lun	1			MAYE INTERVAL ONSET AND DEATH
ol, cremanon, r other troum		Canditions, if ony, whic gave rise to immediat couse (a), stating th underlying cause las	h (b)	DR AS A CONSEQUE						
to burid injury, o	N O	-		CONTRIBUTING TO 1	- 1	NOT RELATED TO THE TERM	Vena Card	-		CH
s ony	CERTIFICATION	190 DATE OF OPERATION		DITION FOR WHICH	OPERATIO	N WAS PERFÖRMED	200 AUTOPSY? YES NO	IN CERTIF	YING CAUSES	
em 18 sh		21a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE O (IF EITHER NOTIFY MEDICAL EXA	F DEATH HOUR A	OF INJURY M. MONTH DA	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	JRY IN ITEM TO P	ART ( OR PART 2)	
and Mer	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY		211 LOCATION STREET	CITY OR TI	OWN	COUNTY	STATE
of Heolth		22a I certify that (I) (thus sow the deceased air	re on	Jest 19	87.0	nd that in (my) (cor) opinion	to	dote and hou		that (It <del>(me</del> ) last
ote Dept. T. If Hem		PL SIGNATURE Duel	E. 0	illon V	2	DEGREE  ATTENDING PHYSICIAN	MEDICAL STA		22c DATE	Signed 8
with the Stote		Donald E.	Dillon,			27e ADDRESS 2501	Olney- So Olney- Mi	20	832	(
3 3		BURIAL, CREMATION, REMO (SPECIEV) Burial	9/8			nd Memorial P				STATE
6 60M 7/84	24 F	1331 Rockvi	Vheeler Fu lle Pike, R	neral Hom lockville,	ne, Ind Md. 2	0852 250 DAT	P 1 O 1987		RAR'S SIGNA	-

066967 SEP

ctor page 3 softer death

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

**CERTIFICATE OF DEATH** 

REG. NO

1.	DECEASED NAME FIRST	MIDDLE	12006	AST C	26 DATE OF BEATH MONTH	DAY YEAR 26 HOUR
L	Miland	Hazel	walk	S. DATE OF BIRTH    S. DATE OF BIRTH   DAY   YEAR   S. AGE   (INYEAS LIGHT BIRTHOAT)   B UNDER 1 YEAR   B UNDER 27 HIS.		
3	SEX					
L	Female			6 1948		
17	BIRTHPLACE (STATE OR FOREIGN     COUNTRY)			D NEVER MARRIED K	BALTIMORE CITY OR COUNTY	OFDEATH
	North Carolina	U.S.A.	WIDOWE		Montgomery	MI
1	O CITY OR TOWN OF DEATH			OR OTHER INSTITUTION		
	Gaithersburg	Madie	will kow	a UD VRODIXA	Unemployed	None
				124 INSIDE CITY HAITS?	112. STREET ADDRESS / 7IP CODE	
1	Manufland	( 1/				
1	1. FATHER'S NAME				ME	
		MIDDLE	LAST			LAST
T.		MED FORCES? 166	SOCIAL SECURITY NO.			
Н			0-64-0260	Canathaa Cun	ninchem (cistor)	game ag 13
F	No L			Cynethea Cun	mingham (Sister)	
Т		BETWEEN ONSET AND DEATH				
H	IMMEDIAT	E CAUSE (o)	IS Value	12/ erox	men	= y and
t		DUE TO, OR AS	A CONSEQUENCE OF			
Ł	Conditions, if ony, which	ιb)				
П	couse (a), stating the	DUE TO, OR AS	A CONSEQUENCE OF			100
Ł	onderlying coose loss.	( (c)				
L		ONDITIONS CONTR	IBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIV	EN IN PART 110
1	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	Black   PIACE   S. DATE OF BRTH   A				
	DATE OF OPERATION	196 CONDITION	FOR WHICH OPERATIO	N WAS PERFORMED	IN CERTIF	
1	T T					
	OR CONTRIBUTION CAUSE OF OF	LIOUD A M		ZIE HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM TO I	PART 1 OR PART 21
L	I IF EITHER NOTIFY MEDICAL EXAMINER		19			
ı	(IF EITHER NOTIFY MEDICAL EXAMINER 214 INJURY OCCURRED				CITY OR TOWN	COUNTY STATE
ı						
		tal) attended the dec	eosed from	. 19_16	10 Sept	19
	sow the deceased alive on above, (1) (ive) (did) idid no	view the body ofter	death, or	nd that (my) (our) opinion	death occurred on the date and hou	ond from the couses stated
1				DEGREE		224 DATE SIGNED

236 DATE

Boccis

22e ADDRESS

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

230 BURIAL, CREMATION, REMOVAL Burial

23c NAME OF CEMETERY OR CREMATORY Sept. 19, 1987 Harmony Cemetery 234 LOCATION

STATE

24 FUNERAL DIRECTOR

Vann & Williams, 4804 Ga. Ave., N.W., Wash., D.C.

Landover. Md.

1250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE

SEP 2 5 1987 Julia Deviden Landous

DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL

BP.

IMPORTANT: If Item 21 is

This and make appears to the same of the particular terms of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the s

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Line who have all real limit had been been a

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL TYGENE FOR 1 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR PEGE SED NAME 20 DATE KNOWN OF ESTI-DEATH MATED DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE 2d HOUR MONTH YEAR LAST BIBAHDAY) MONTHS DAYS PRONOUNCED HOURS DEAD BALTIMORE CITY OR COUNTY 7s BIRTHPLACE NEVER MARRIED FOREIGN COUNTRY) VIRGINIA U.S.A. DIVORCED ID. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) PHOTOGRAPHER SELF-EMPLOYED SING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION T3d THSIDE CITY LIMITS 2 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MABEL SCOTT LUTHER D. WALLEN 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166. SOCIAL SECURITY NO ARLINGTON, ADDRESS INIA 22205 LYES. NO, OR UNKNOWN) 1955-1962 YES 231-44-0878 JOEL S. WALLEN 708 N. PATRICK HENRY DRIVE 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE & DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to EXECUTE THE CERTIFICATE, WRITING THE WORD. THE PAGE 4 SHOULD BE FORWARDED TO THE CHIEF WITH THE PAGE 3 SHOULD BE USED A AFTER DEATH, WITH THE STATE DEPARMENT. CERTIFICATION 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 0 YES 21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 21 LOCATION STREET, FACTORY, FARM, ETC 1 STREET CITY OR TOWN COUNTY STATE WHILE NOT WHILE 22a I certify that I took charge of the remains described above, held an Autopsy Inspection X and in my opinion Notural couses death resulted from Accident Homicide . Undetermined manner ACTUAL MEDICAL EXAMINER SIGNATURE JOHN S. ROGERS, M.D. EXAMINER'S NAME SILVER SPRING, MARYLAND 20902 (TYPE OR PRINT) ADDRESS 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d LOCATION 731. NAME OF CEMETERY OR CREMATORY STATE CREMATION 9/26/87 METROPOLITAN CREMATORY VIRGINTA ALEXANDRIA BP 07/84 24 FUNERAL DIRECTOR **DHMH - 17**

SILVER SPRING, MD. 20901

FRANCIS J. COLLINS, JR.

(VR A15 ME (5))

STATE OF MARYLAND FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYPTENE

T	-7	7 RTGISTRAR CERTIFICATE OF DEATH REG. NO.												
	I. DEC	DECEASED NAME FIRST			MIDDLE LAST				FDEATH		DAY Y	EAR	26 HOUR	
	COMPE	MABEL		WARFIELD			Sept.	30.	1987			4:10 R		
	3 SEX	x		4 RACE		5. DATE C	OF BIRTH	6 AGE (IN	-		IF UNDER		IF UNDER 24 HRS	
		Female	900	Whit	e	Octob	per 2, 1913	73		YRS	MONTHS	DAFS	HOURS MIN.	
H		RTHPLACE (STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMO	RE CITY	OR COUNT	Y OF DEA	TH		
		est Virgin	nia	USA		WIDOWE		Mon	tgome	ery			MD.	
D		TY OR TOWN OF DEA		11. NAME OF I	HOSPITAL, NURSIN	G HOME C	HOME OR OTHER INSTITUTION 126 USUAL OCCUPATION 126 KI						KIND OF BUSINESS OR	
		aithersbur		20720	Burnham F	Road		Homer	-			lome		
-		AL RESIDENCE (IF NURS	13b COUP	OTHER INSTITUTION	134 CITY OR TOW		13d INSIDE CITY LIMITS?	13e STREET	ADDRESS	S / ZIP COL	DE			
8	M	laryland	Mont	gomery	Gaithers	burg	YES NO	20720	) Bur	rnham	Road,	2	0879	
	14 FA	THER'S NAME		WIDDIE	LAST		15 MOTHER'S MAIDEN N.	AME	MIDDLE		0.00	LAST		
		George		-	Glascock	2	Beulah		***************************************		Ca	rpe		
П		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	RITYNO	17 INFORMANT		ADD	RESS	100			
		No	(IF TES GIV	E WAR ON DATES	212-82-8	3800	Clagett War	field	, Ge	aither	sburg	, M	ld.	
		18 CAUSE OF DEAT			line for jo), (b), one	dic	1 1 1-				B	PPROXIA	MATE INTERVAL INSET AND DEATH	
		PART I. DEATH W		E CAUSE (a)	Tlake	un	ers Die	edal			1	170	ucana	
		DUE TO, OR AS A CONSEQUENCE OF												
		Conditions, if any, which												
		gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF												
		underlying cause lost												
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIG												
	CERTIFICATION					- No.								
5	CAT	190 DATE OF OPERA	TION	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUT	200. AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?					
	TE	EAST							NO		ES [	U3E3 (	NO [	
5	CER	210. ACCIDENT WAS UND	-	216 TIME O		VEAD	21c. HOW INJURY OCCU	RRED (ENTER NA	ATURE OF IN	JURY IN ITEM 18	PART LORPA	RT 2)		
		OR CONTRIBUTING		III	M. MONTH DA	19	33300							
	MEDICAL	21d INJURY OCCUR		21e PLACE	OF INJURY	211 LOCATION						-		
	W	WHILE NOT WHILE THE AT WORK AT WORK			TREET FACTORY, OFFICE, FARM ETC.) STREET			CITY OR TOWN COUNTY			11.4	STATE		
	100	220.1 certify that (I)		tal) attended th	e deceased from_		1961		ent	.14	1987		hat (In <del>twe</del> ) lost	
		sow the decease	ed olive on	M	18 198	, ar	nd that in (my) (pur) apiniar	n death occurre	ed an the	date and he	our and fra	m the c	auses stated	
	51	246 GNATURE	A	i) viewane budy	differ death,		DEGREE				271.	DATES	SIGNED	
		Jack,	elic	una	each -	Mi.	ATTENDING PHYSICIAN	MEDICAL		AFF	1	10.	1.87	
7		124. PHYSICIAN'S NA	AME (TYPE C				22e ADDRESS						-	
		Jack Sch	numach	ner, M.D										
1	23a B	BURIAL, CREMATION,		236 DATE	23c N	AME OF C	EMETERY OR CREMATORY	23d LOC	ATION	11.0	COUNTY		(14)	
	_	urial		Octobe	r 3,1987	Gosh	en Cemetery			ville	Mont.		Md	
		JNERAL DIRECTOR					250 DA		SE ISIO		TRAR'S S	SNAT	TRE	
Barber Funeral Home, Laytonsville, Md.														

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

6	5	3,0	SEP	2
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	5	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4 may be retained by the hospital an otherding physician	TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-stonist permit. Then please remove carbon papers. Pages, and 2 should be filed within 72 hours after deaphy with the State Dept of Health and Mental Hygiene prior to burial, cremation, ar removal.	IMPORTANT: If Hem 21 is marked on Hem/18 stows ony injury, or other troumotic event, the medical examiner most-be notified of note.
DIVISIO		TO HOSPITAL OR ATTENDING PHYSICIAN: The Interest by the hospital or ottending physician	TO FUNERAL DIRECTOR After this should be detached for use as the baryth the State Dept of Health and A	MPORTANT: If them 21 is marked on

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL TYGIENE
CERTIFICATE OF DEATH

	FOR STATE REGISTRAR		CERTI	HEALTH AND MENTAL TYG	REG. N		
	OR PRINT AR	GUERIT 4 RACE	EE. W	ATERS OF BIRTH	20 DATE OF DEATH	MONTH DAY YEAR  THOAY) IF UNDER LYEAR	26 HOUR 5:30 A
	Femal	Whi	te Mont	TO 10	77	MONTHS DAYS	HOURS MIN.
4	RTHPLACE (STATE OR FOI OUNTRY) Wash, D.C.	USA	WHAT COUNTRY? 8 MARRIE WIDOW	ED X DIVORCED	00 7	COUNTY OF DEATH	1 M
Si	IVEC SPEN	NG POINS	HOSPITAL, NURSING HOME CHEACHITY, GIVE STREET ADDRESS)	HSP	120 USUAL OCCUPATION OF WORK FOR MOST OF Secreta	F WORLING LIFE   INDUSTR	OF BUSINESS OF
13a S	Md.	G HOME OR OTHER INSTITUTION  BL COUNTY  Mont	S.S.	134 INSIDE CITY LIMITS?		zıpcobe rgreen St.	2090
	THER'S NAME FIRST Frederick		Goode	15. MOTHER'S MAIDEN NA	WIDDIE		yle
	VAS DECEASED EVER IN VES NO OR UNKNOWN) N/A	U.S. ARMED FORCES?	166 SOCIAL SECURITY NO. 577 12 7534	17 NFPMWghter Patricia T	3909 AMT	.501ney Lar 01ney, N	
CERTIFICATION	couse (a), stating underlying couse  PART 2 OTHER SIGNII  19a DATE OF OPERATION	FICANT CONDITIONS C	ON AS A CONSEQUENCE OF CONTRIBUTING TO DEATH BU		20a AUTOPSY?	206. IF YES, WERE FIND IN CERTIFYING CAUSE	INGS USED S OF DEATH?
	21a ACCIDENT WAS UNDER	USE OF DEATH HOUR A	M. MONTH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	YES TRY IN ITEM 18 PART 1 OR PART 2)	но 🗆
MEDICAL	(IF EITHER NOTIFY MEDICA  21d IN JURY OCCURRE  WHILE NOT WHILE AT WORK	D 21e PLACE	.M. 19 OF INJURY REEL FACTORY OFFICE FARM ETC.)	ZH LOCATION STREET	CITY OR TO	wn county	STATE
	saw the deceased	his hospital) attended to alive an alive and to the bad	19 19 85	and that in (my) (our) apinion  DEGREE  ATTENDING PHYSICIAN L	MEDICAL STAL	FF 22¢ DAT	that (II (we) led e couses stated E SIGNED
	Seaman	10 00	PALO	210 UNIVERS	- Plub to	SILVER SADI	et MR
	Burial CREMATION, RI		231 NAME OF	of Heaven	234 LOCATION CITY OF TOWN	Mont.	2090/ Md.
	inës.Rina	1di 11800	New Mamp.Av	e. S. S. Md. St	P 2 2 1987	256 REGISTRANT SIGNA	IV Kandall

DHMH - 16 60M 7/ (VRA 15, 4)

BP.

#### STATE OF MARYLAND

CERTIFICATE OF DEATH

	-	REGISTRAR				CERTIII	CAIL OI DEAL			REG. NO	D.					
		CEASED NAME OR PRINT)	RUTH		K.		TERS		20. DATE OF D	EATH	MONTH D	3,1997	2'35	Pin		
	1 SEX	Fen	nole	CAUCA	HITE	S. DATE C		YEAR OI	AGE (IN YEA	6		FUNDER TYEAR	IF UNDER 24 F	HRS AIN,		
2	7a BIR	RTHPLACE (STATE	OR FOREIGN	US	A WHAT COUNT	RY? 8 MARRIEI WIDOWE		RIED 📙	MON	T GAT	MERN	OF DEATH	INTY	MD.		
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2	CERTIFICATION	19a DATE OF OPE				ICH OPERATION	N WAS PERFORME	D	YES 1	NO [X		WERE FINDIN ING CAUSES				
7	CAL CE	21a ACCIDENT WAS OR CONTRIBUTING [ (IF EITHER, NOTIFY M	CAUSE OF DEAT	11	M. MONTH	DAY YEAR	21c HOW INJURY	OCCURRE	D (ENTER NATU	RE OF INJUR	IY IN ITEM 18 PAI	RT I OR PART ?)				
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	(:	URIAL, CREMATIO SPECIEVI Cremati	ion	9/25/8	7	Metrop	EMETERY OR CREM	Crem	12 LOCAT Ale	IOWN	dria,	Virg	nia	E		
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4	FOR STATE REGISTRAR		DEPARTMENT OF I	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 2	703			
I. DE	ECEASED NAME JULIA	_ /	WECK	EPR		28-87	12 14PM		
	MALE SIRTHPLACE (STATE OR FOREIGN	4 RACE WHITE	SEPT	. 10°, 19°1°0	6 AGE (IN YEARS LAST BIRT 77 9 BALTIMORE CITY OF	MONTHS DAYS	F UNDER 24 HRS		
	MASSACHUSETTS	U.S.A.	WIDOW		MONTGOMERY	,ĆOUNTY	MD.		
	SILVER SPRING	(IF NOT IN THE	OSPITAL, NURSING HOME (	pool	ADMINISTRA	RVICES 126 KIND TION	GOVERNME		
130		GOEMRY	SILVER SPRIN	G YES OF CITY LIMITS?	13e STREET ADDRESS / 1722 ARCOL	ZIP CODE A AVENUE	20902		
	ATHER'S NAME MAX	MIDDLE	WEKER	LOTTIE	MIDDLE		JACOBS		
160	WAS DECEASED EVER IN U.S. AI	RMED FORCES? VE WAR OR DATES)	029-01-6243	RABBI MICHA	AEL WECKER,		TREET ASSACHUSE		
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA	TE CAUSE (a)	AS A CONSEQUENCE OF	c ave	20,	AP-RO BETWEEP	XIMATE INTERVAL LONSET AND DEATH		
NO	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	( (c)		INOT RELATED TO THE TERM	TIOI CO-C	DITION GIVEN IN PART 1	(0		
CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH OPERATIO	ON WAS PERFORMED	YES NOXX	206 IF YES, WERE FIND IN CERTIFYING CAUSE YES			
MEDICAL CE	218 ACCIDENT WAS UNDERLYING OR CONTRIBUTING ALUSE OF DE LIFE EITHER NOTIFY MEDICAL EXAMINED ALUSE OF DE LIFE EITHER NOTIFY MEDICAL EXAMINED ALUSE OF DE LIFE ALUSE OF DE LIFE ALUSE OF DE LIFE ALUSE OF DE LIFE ALUSE OF DE	R) P.A	A. MONTH DAY YEAR A. 19	211 LOCATION	RED (ENIER NATURE OF INJUR		STATE		
	22e I certify that (I) (this haspital) attended the deceased from 19 to 19 that (I) (we) last saw the deceased give an 19 and that in (my) (aut apinion death occurred an the date and hour and from the causes stated above, (I) (me) (dist) (and api) view the body after death.  22b. SIGNATURE								
	274 PHYSICIAN SNAME TYPE	ORPRINT) BERT	KRAMER	ATTENDING PHYSICIAN 4	Deer Geer	a ave	8186.		
	BURIAL, CREMATION, REMOVA	9/29/1	987 MOUNT L			PR. GEO., A			
	DUNALDEGNER STEIN 232 CARROLL STR		ADDRESS	RAL HOME 250 DAY	PEREC'D. BY REGISTRAN	256 REGISTRAR'S SIGN	TURE		

DHMH - 16 60M 7/84 (VRA 15, 4)

Aulia Devidson Pendalla

STATE OF MARYLAND

DHMH - 16 60M 7/84 (VRA 15, 4)

Joseph Gawler's Sons, Washington.D.C.

Removal & Burial

9-26-87

Alabama 250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATUR Julia Devideon- Randall

126 KIND OF BUSINESS OR

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Own Home

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Mills

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#### STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTACHYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REASED NAME 20 DATE KNOWN OF UNERAL DIRECTOR. 5 FOR YOUR FILES. WITHIN 72 HOURS DEATH MATED 1 19 3 SEX & AGE (IN YEARS DATE LAST BIRTHDAY DEAD THE FUNERAL DAGE 5 FOR YO 9. BALTIMORE CITY/OR COUNTY OF DEATH BIRTHPLACE NEVER MARRIED FOREIGN COUNTRY PENNSYLVANIA USA DIVORCED 18 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 176 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) SALES CLERK WOODWARD&LOTHROP USUAL RESIDENCE (IF IN NUI ING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 20902 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Z-SHC 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST AA IO CILE FIRST DIVISION OF VI CARL AMMON MUSGROVE HAZEL 17 INFORMANT DAUGHTER 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO SHERWOOD ROAD ADDRES 445 TYES, NO. OR UNKNOWN) NO 170-01-1778 NANCY L. RUGG BELLEVUE, MICHIGAN 40921 18 CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c APPROXIMATE INTERVAL BE USED AS A BURIAL TRANSIT PERMIT NT OF HEALTH AND MENTAL HYGIENE, BURIAL, CREMATION PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o. DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NO D EXECUTE THE CERTIFICATE, WRITING THE WOR PAGE & SHOULD BE FORWARDED TO THE CIT TO FUNERAL DIRECTOR: PAGE 3 SHOULD BET AFFE DEATH, WITH THE STATE DEPARTMENT, BALTIMORE, MARYIAND, 21201 PRIOR TO BUILD 21g. EXTERNAL CAUSE WAS 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M 21d INJURY OCCURRED 21e PLACE OF INJURY AT HOME 214. LOCATION STREET, FACTORY, FARM, ETC 1 CITY OR TOWN WHILE AT WORK COUNTY STATE 22a I certify that I taak charge of the remains described above, held an Inspection death resulted fram. Natural causes Undetermined manner TITLE (SPECIFY) MEDICAL EXAMINER EXAMINER'S NAME 1919 JOHN S. ROGERS, SEMINARY ROAD SILVER SPRING, MD. PEOR PRINT 230 BURIAL CREMATION REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION BURIAL SEP.12,1987 BRENTWOOD PR. GEO. MARYLAND FT. LINCOLN CEMETERY 07/B4

BP 25M

(VR A15 ME (5))

**DHMH - 17** 

FRANCIS J. COLLINS, JR. 24 FUNERAL DIRECTOR 500 UNIVERSITY BLVD., W. SILVER SPRING, MD. 20901

250. DATE REC'D. BY REGISTRAR

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HOGIENE CERTIFICATE OF DEATH

24	REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	10	- 1	
	ECEASED NAME (FOR PRINT)	ED RO	KE	AIDDLE	WE	155	20. DATE OF DEATH	9/21/2	87	12AM
3. SE	Male		RACE Caucas	ian	5. DATE O		6. AGE (IN YEARS LAST BE	PRINTEDAY   IF UND		FUNDER 21 HRS
	IRTHPLACE (STATE OR F		CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF D		
10 C	New York USA  10 CITY OR TOWN OF DEATH  ROCKVILLE  ROCKVILLE  The Hebrew Ho			OSPITAL, NURSIN	ADDRESS)		120 USUAL OCCUPAT (TYPE OF WORK FOR MOST) Physician	OF WORKING LIFE) IN		MD. BUSINESS OR
USU 130 Ma	AL RESIDENCE (IF NURSI STATE aryland		HER INSTITUTION		ADMISSION)	13d INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS 6121 Mon			
	Morris Was deceased ever	MID ADAAC		Weiss	DITY NO.	15 MOTHER'S MAIDEN NA Celia 17 INFORMANT	ME MIDDLE	Rothen	berg	
	YES, NO OR UNKNOWN)	HE YES GIVE W	AR OR DATES	075 36 7		Mark Weiss(s		rierly Rd		CY Chase
CERTIFICATION	Conditions, if ony, gave rise to imm couse (a), statin underlying cause	nediate g the lost NFICANT CO	DUE TO, OF		NCE OF	TIC CARO  CINOMA OF  NOT RELATED TO THE TERM  N WAS PERFORMED	· PROST		EFINDING	
MEDICAL CERTIF	21a. ACCORNE WAS USED ON CONTRIBUTION OF CONTRIBUTION OF COURSE WHILE WORK WAS WORD AND WAS WORD AND WAS WORD AND WAS WORD AND WAS WORD AND WAS WORD AND WAS WORD AND WAS WORD AND WAS WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND WAS AND	ALISE OF DE ATM AL EXAMPLES  ED  III	21e PLACE ( 1Al PONE, STR  attracted the  2 con the body.	M. MONTH DA	19 10 11 11 11 10	211. LOCATION STREET  19  d that in (my) (our) opinion DEGREE  ATTENDING PHYSICIAN  22e, ADDRESS	2017 OF 10 10 9/21	YES DOWN CO	Sports Tho	Stale Stale of (I) (we) lost uses stated
	BURIAL, CREMATION,	REMOVAL	23b. DATE			EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUR	VIY	STATE
	Burial UNERAL DIRECTOR NAME 7es-Pearson		Sept 2 Falls	ADDRESS		dep o	TE REC'D. BY REGISTRAN		1	

TO FUNERAL DIRECTOR, a should be detached for use with the State Dept. of Heal IMPORTANT, if here 21 is an

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201



## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL RYGIENE

065428	SEP	4 970R TATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL RYC CERTIFICATE OF DEATH	SIEME 2 7	0 4
1		I. DECEASED NAME FIRST	MIDDIE	LASI	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
noy be	10	(TYPE OR PRINT) Horac	e K.	Whalen	September 4,	1987 1 ³² P M
a di di	ld	3 SEX	4. RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
sector rs offi	10	Male	Caucasian	February 8, 1909	78 YRS	MONTHS DAYS HOURS MIN -
Four Pour	01	70. BIRTHPLACE (STATE OR FOREIGN	16 CITIZEN OF WHAT COUNTRY		9 BALTIMORE CITY OR COUNT	Y OF DEATH
4120 est	3	Maryland	United States	WIDOWED DIVORCED	Montgomery	County
a di	الم	10 CITY OR TOWN OF DEATH		NG HOME OR OTHER INSTITUTION	178 USUAL OCCUPATION	12h KIND OF BUSINESS OR
5 1 11	1	Olney		General Hospita		U.S. Army
BALTIMORE, MARYLAND 2120 cote be executed within the formal system ond campletely appers. Poges Fond 2 standard  485	USUAL RESIDENCE (IF NURSING HOME OF 130 STATE 130 COU Maryland Mont	ROTHER INSTITUTION GIVE RESIDENCE BEFOR	RE ADMISSION)  NN 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP COD 15024 Westhol	E Ct./20906	
RY1.	19 1	14 FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA		1457
MA ed v	30		eyton Whale:	n Edith	Knox	Gittings
SRE,	dicol	160 WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, G		URITY NO. 17 INFORMANT Eliza	abeth S. Whalen 1	5024 Westholm
TIMO	E e	Yes 193	100 WAR OR DATES) 212-38-		Spring, Maryland	1 20906 (Wife)
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DIVISION OF VITAL NG PHYSICIAN The ottending physician than this certificate his of the build-transity in and Mental Hygers.	arked or	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM, ETC.)  211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTENDII Spital or CTOR: A d for use	21 is me		n 19 19 19 19 19 19 19 19 19 19 19 19 19	Aug 27, 19 ST, and that in (-) (our apinion	death occurred on the date and hor	19 that the causes stated
OR A bolked Oched	Hem	276. SIGNATURE		DEGREE		221 DATE SIGNED
2 . 2 .	£	pan	K Kumor	MD ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	Sept 5, 1987
TO HOSPITAL retained by 11 TO FUNERAL should be det	APORTAN	270 PHYSICIAN'S NAME (TYPE	R Kumar	22e ADDRESS 18101 Q1ney	Prince Philip D: , Maryland 20832	rive
75 F 2 3	<u> </u>	23a BURIAL, CREMATION, REMOVA	September 230, 1987	NAME OF CEMETERY OF CREMATORY ATTINGTON National	23d LOCATION	COUNTY STATE
BP	_	(SPECIFY) Burial	10, 1987	Cemeterv	Arlington, V	Virginia
DHMH - 16 60A		24 FUNERAL DIRECTOR RODET NAME Bethe 7557 Wisconsin A	sda-Chevy Chase,	Inc.	FREC D. BY REGISTRAR 255 REGIS	DURINE CONTRACTOR

FOR

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# STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL ATGIENE

REGISTRAR		CERT	IFICATE OF DEATH	1 REG. NO	).			
PO CHASED NAME FIRST	A	AIOOLE	LAST	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR	
BETTY	1 JA	INE W	HITE	<	9 22	87	4:30 pm	
female	caucasia			6 AGE (IN YEARS LAST BIRT	HOAY) IF UP	NDER I YEAR	HOURS MIN.	
7a BIRTHPLACE (STATE OR FOREIGN Pennsylvania	7b. CITIZEN OF V	States WIDOV	NED NEVER MARRIED	MONTGO	,	DEATH Count	У мр.	
Rockville SHADY GROVE ADD			HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OF					
		GIVE RESIDENCE BEFORE ADMISSION IN CUTY OR TOWN Gaithersburg	13d. INSIDE CITY LIMITS?	305 Palm T	THE COPE	#1 20	878	
14. FATHER'S NAME FIRST Harvey	MIDDLE	Shatzer	15 MOTHER'S MAIDEN NA FIRST Anna	WIDDLE		dall	ī	
160 WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN)   I IF YES, G	RMED FORCES?	166 SOCIAL SECURITY NO 201 16 3288	Mark Harne,	8619 Welbeck	Mar	Gaith		
18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA		a 1 1	sis, Acute	Leukemia		BETWEEN C	MATE INTERVAL DISET AND DEATH	
Canditions, if ony, which gave rise to immediate couse (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT	(b) DUE TO, OF	R AS A CONSEQUENCE OF	ranulogytic			15		
7 0	mlovey to	- 77	al faiture	200 AUTOPSY? YES \( \text{NQ} \)	20b. 4F YES, WIN CERTIFYING	ERE FINDIN	IGS USED	
21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED  WHILE AT WORK AT WORK	(R) HOUR A.F	M. MONTH DAY YEA M. 19	R	RRED (ENTER NATURE OF INJUR		OR PART 2)	STATE	
27a L certify that (1) (this has saw the deceased alive a above (1) two helps (did no 27th SIGNATURE	at) view the body	22 1987	122- ADDRESS	MEDICAL STAF	F IAN []		SIGNED	
Donald E. C	2. Mon, u	·O.	1	1, MD. 20	2630			
Burial/Transit	Sept. 2		Hill Cemetery	23d LOCATION CITY OR TOWN Greencast		Peni	nsylvani.	

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

Rockville, Inc. 300 W. Montgomery Avenue
Rockville, Maryland 20850

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250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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AND 212	13a.	at residence in nurs state aryland	136 COUN		13c. CITY OR	BEFORE ADMISSION) TOWN 1esda	13d INSIDE CITY LIMITS? YES NO	13e STREET ADDRI 5911 Gree	ss / zip cod nlawn D	rive 20	314
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DHMH - 16 60M 7/B4 (VRA 15, 4)

74 FUNERAL DIRECTOR Tyson Wheeler Funeral Home, Inc. 1331 Rockville Pike Rockville, Md. 20852

250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE
SEP 23 1987 Julia Dirigon Pa

Julia Dividson Pardall

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	TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours of
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TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and completely should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages, Lend 2 shwith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. [MPORTANT: If them 2] is marked or tem 18 shows any injury, or other traumatic event, the medited examines

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DHMH - 16 60M 7/84

(VRA 15, 4)

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FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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I DECEASED	NAME FIRST	A	AIDDLE	Į.	AST		20 DATE OF DEATH	MONTH	DAY YEAR	25 HOUR
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3 SEX		4 RACE		5 DATE C	F BIRTH		6 AGE IN YEARS LAST BIR		IF UNDER I YEAR	
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Mary]	Land Mont	other institution TY gomery	Potoma		13d INSUDE CI	TY LIMITS?	131STREET ADDRESS 10820 Ro	ZIP CODE	un Dr.	20854
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	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0									
STORY OF THE CATION	E OF OPERATION	TION FOR WHICH	ON FOR WHICH OPERATION WAS PERFORMED			200. AUTOPSY? 20b. IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DEA YES NO YES NO				
	TRIBUTING CAUSE OF DEA	TH HOUR A.	M. MONTH DA	Y YEAR				JRY IN ITEM 18 P	PART I OR PART 2)	
<u> </u>	URY OCCURRED	21e PLACE			211 LOCATIO	N	CITY OR TO	OWN	COUNTY	STATE
	ertify that (I) (this hospit	(a) attended th	e deceased from_			19 19C	7-10 9.21		19 57	that (It (we) last
sov	v the deceased alive on, ove, (1) (we) (did) (did no	9.21	alter donth	7 . ar	nd that in (my)	(aur) opinion d	leath occurred on the d	late and hou		
	NATURE	it view the budy	arrer deorn.		DEGREE				22c DATE	SIGNED
	7.	ele	Kup	m	A A	TTENDING PHYSICIAN S	MEDICAL STA	CIAN []	9-2	22 47
226 PH	SICIAN'S NAME (TOPE O	R PRINT)	1		22e ADDRES					
	John	E.	14011	3	9715	Medy	cal Cent	c, Wn	ROCK	ulle m
	REMATION, REMOVAL	23b. DATE	23€. €	AME OF C	EMETERY OR C	REMATORY	23d LOCATION	TIFUL	COUNTY	4141/
(SPECHY) Bu:	rial	9/24/	/87 Be:	l Air	Mem. G		Bel Air		arford	Mď.
74 FUNERAL NAM		ome,PA,	Aberdeen,	Md.2	1001-33	AFR	25 1987	1.0 0	COLLAND	1

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# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTA BY GENE MEDICAL BY A MINER'S CERTIFICATE OF DEATH

PEG NO

X SEP DQ	SISTRAR	MEDICAL EXAMI	NEK 5 CERTIFICATE	OF DEATH REG NO.	
(17	PECLASED NAME FIRST	6 MIDDLE	LAST	70 DATE KNOWN COMONI	TH DAY YEAR
	Will 12	Low Joseph.	White	J. DEATH MATED TO	01/2087
3 SE		DATE OF BIRTH AND LAST BIRT		ER 24 HRS 20 DATE MON-	TEAR THOUSE
	mux	pn/ 1913 74	YRS. HOURS	MIN PRONOUNCED DEAD	19 .44
	BIRTHPLACE (STATE OR OREIGN COUNTRY)	CITIZEN OF WHAT COUNTRY?	8. MARRIED PONEVER MAR	RRIED 9 BALTIMORE CITY OR COU	INTY OF DEATH
2 V	IRGINIA	USA		RCED [ Mont	somere MD
A10.C	ITY OF TOWN OF DEATH	I. NAME OF HOSPITAL, NURSING HO		120. USUAL OCCUPATION (TYPE OF WO	OR INDUSTRY
-	Jil. 1 Pg.	2014 Lani	er Dr.	VALVE ANALYST	WASH GAS CO.
	AL RESIDENCE (IF IN NUBSING HOME OR OT STATE 13b. COUNTY	THER INSTITUTION, GIVE RESIDENCE BEFORE ADMI		13e SIPEET ADDRESS 209	10
	nd Mar	eta Pilos	YES NO	2014 62	neer DVI
I JE F	ATHER'S NAME	AIDDLE LAST	15 MOTHER'S MAI	DEN NAME MIDDLE	fASI
		J. WHITE, SI			BOZE
16a.	WAS DECEASED EVER IN U.S. ARMED		RITY NO. 17 INFORMANT	ADDRESS	
	NO	577-07-9	336 ELEANOR	J. WHITE/WIFE SAME	AS 13
1	18 CAUSE OF DEATH (Enter only or	ne cause per line far (a), (b), and (c).)	1 1 1	^	APPROXIMATE INTERVAL
	PART I DEATH WAS CAUSED BY	161611-4	static 6	Axcom 6 m2	3
		DUE TO, OR AS A CONSEQUENCE	E OF		
100	Conditions, if ony, which gave rise to immediate	) (b) Carc	148m2-5	to Blacker	1/41.
. 3	cause (a) stating the <u>under</u> - lying couse last.	DUE TO, OR AS A CONSEQUENC	E OF		1/
	tying coost lost.	(c)			
	PART 2 OTHER SIGNIFICANT CONDITIONS CONT	TRIBUTING TO DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITION GIVEN IN	PART I o	
ě	/Vore				
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH OP	ERATION WAS PERFORMED?		20 AUTOPSY?
7 E	210 EXTERNAL CAUSE WAS				YES NO DE
	UNDERLYING OR	216. TIME OF INJURY HOUR A.M. MONTH DAY YE	AR ZIC HOW INJURY OCCUR	RED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR	(PART 2)
MEDICAL	CONTRIBUTING CAUSE OF DEA		N 10611(0)		
MED	WHILE NOT WHILE AT WORK	21e PLACE OF INJURY   AT HOME. STREET, FACTORY, FARM, ETC.)	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
	AT WORK AT WORK				
	220. I certify that I taak charge of	f the remains described above, held an	Autopsy . Inspect	non Po Inquiry , ond in my	opinion
	death resulted from: Natural c	couses 🖾 Accident 🔲,	Suicide , Hamicide	· Undetermined monner .	
	0/	2-1	TITLE (SPECIFY)		^ da.
1	ACTUAL SIGNATURE	F/62	M.D. ipsell	MEDICAL EXAMINER SIG	NORF 119190
2	TX BAILUTE'S NAME		101		
1	I I I I I I I I I I I I I I I I I I I	ROGERS		IINARY ROAD SILVER S	PRING, MD
23a. B	BURIAL, CREMATION, REMOVAL 236 [		EMETERY OR CREMATORY	FOREST GLEN MONTG	OUNTY DAY AND AND
74.5			HN'S CEMETERY		OMERY MARYLAND
	NAME UNIVERSITY BLVD	J. COLLINS, JR.		E REC'D. BY REGISTRAR 250 REGISTRAR	John The Park
120	O ONIARIOTIT DIAN	. M DILLARY DLVING	· III ZUJUBE A		

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FOR - STATE

STATE OF MARYLAND	0 7
DEPARTMENT OF HEALTH AND MENTAL H	PEIENE
WHITE CERTIFICATE OF DEATH	

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654	18 SEP 14	187	FOR STATE REGISTRAR WILLIAM	RODNEY WH	PARTMENT OF F	IEALTH AND MENTAL HY	10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Page 10 Pag				
	oge 3	1 DE	CEASED NAME FIRST WILL FIRST	MIDDLE	J.R.	AST	REG. NO.  20 DATE OF DEATH MONTH  SEPTEMBER 5,	DAY YEAR   2 1987	9:00 M		
	ge 4 may ector. pag rs ofter d	3 SE	X MALE	RACE WHITE	S. DATE O	TA 1930	6 AGE (IN YEARS LAST BIRTHDAY) 56 YRS		FUNDER 24 HRS HOURS MIN.		
	Page 1	7a B	IRTHPLACE   STATE OR FOREIGN COUNTRY MARYLAND	76 CITIZEN OF WHAT COUL USA	JTRY? 8	D X NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH MONTGOMERY				
10	M	1	ITY OR TOWN OF DEATH DERWOOD	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 18701 MUNCASTER ROAD			170 USUAL OCCUPATION TYPE OF WORK OF MOST OF WORKING LIFE   MONTO OF COUNTY DISPATCHER FIRE & RESCU				
AND 212	1835	13a.	AL RESIDENCE (# NURSING HOME OR STATE 13b. COUN MON!	ITY 13c CITY OF	R TOWN	134. INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP CODE	R ROAD	20855		
MARYL	1 11/3		ATHER'S NAME WILLIAM RODI	NEY WHITE,	SR.	15 MOTHER'S MAIDEN NA MARY	ELIZABÉTH	WALKER			
BALTIMORE, MARYLAND 21	on inclusion of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property o		WAS DECEASED EVER IN U.S. AR. YES NO OR UNKNOWN) YES KORI	COSTAGO OF CAME	24-6853	MARGARET E.	WHITE SAME AS				
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AL RECO	The low	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR V	VHICH OPERATIO		YES NO YE		S USED F DEATH? NO		
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DIVISIO	NG PHY offer this as the but th and M	MED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, C	OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOWN	COUNTY	STATE		
	spital or CTOR A I for use of Healt		sow the deceased alive and the file (I) (this heaps)	Unku		no that in (my) (out) opinion	death occurred on the date and hou		ot (I) <del>(we)</del> last uses stated		
	TAL OR y the horal DIRE detached detached to the Dept AT: If then		Orall E.	Sille h	)	ATTENDING PHYSICIAN	Or John Lodwell  MEDICAL STAFF DIRECTOR   PHYSICIAN	Sept.	5/987		
	TO HOSPITA retoined by TO FUNERA should be de with the Sto		DonsldE.	Oillon hu	<b>.</b>		Clary-Sandy for	32 Rd			
	BP		BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	236 DATE SEPT.9,1987	LAYTON		LAYTONSVILLE	MONT.	STATE MD.		
	DHMH - 16 60M 7/B4 (VRA 15, 4)		UNERAL DIRECTOR TURIEL H. BARE	BER LAYTONSVI	LLE, MD	20879 SEF	TE REC'D BY REGISTRAR 254 REGIST	BAR'S SIGNATHR	dates		

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2h HOUR IF UNDER 1 YEAR BALTIMORE CITY OR COUNTY OF DEATH 126 KIND OF BUSINESS OR ITYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Ret. 13e STREET ADDRESS 5731 GYEVS 2001 15th Street.N.W.-Wash.DC Annette Wiggins-daughter-in-law-2410 Elvans BETWEEN ONSET AND S. E. 20h IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NO F COUNTY STATE

DHMH - 16 50M (VRA 15, 4)

OWN 730 BURIAL CREMATION REMOVAL 73b DATE Burra1 1987

Home-4001

Funeral

JA-NAME OF CEMETERY OR CREMATORY Harmony Memorial Park

Landover, Maryland

22c DATE SIGNED

234 DATE RECD. BY REGISTRAN 214 REGISTRAN'S SIGNATURE

86236

# DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2) 201 removol 18 500 for use as the burial-transit of Health and Mental Hygi 21 is morked or Item

O FUNERAL DIRECT hould be detoched fourth the Stote Dept. o

DHMH - 16 60M 7/84

(VRA 15, 4)

MPORTANT.

24. FUNERAL DIRECTOR

B. Jenkins

7474 Landover Road

Landover, Md. 20785

0.6897

SEP 28

REGISTRAR

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HE CERTIFICATE OF DEATH

rG	2 7 Q	6-}	3								
	REG. NO		-1								
	20 DATE OF DEATH MONTH DE	Y YEAR	R	2b HOL	JR.						
	9/18/87				20 M						
	6. AGE (IN YEARS LAST BIRTHDAY)	UNDER I YE	AR		24 HRS						
	44 yrs. YRS	INTHS DA	YS	HOURS	MIN.						
7	9 BALTIMORE CITY OR COUNTY O	F DEATH	ı								
	Montgomery				MD.						
	120 USUAL OCCUPATION	12b. KIN		BUSIN	SSOR						
	(TYPE OF WORK FOR MOST OF WORKING LIFE)  Sanitation	Gov									
	Danitation .	GOV	L								
IAA	13e STREET ADDRESS / ZIP CODE 3606 Halloway No.			72							
	Ford Ford										
	3606 Ha MONERAY NOT	th		_							
: i	3606 Harroway North										
V	U.	BETWE	EN OF	NSET AND	DEATH						
9	frin.										
lw1	NAL DISEASE OR CONDITION GIVE	N IN PART	Tro								
_	20g AUTOPSY? 20b/IF YES.	A/EDE CIT	D.In.	00.110.7							
	20a AUTOPSY? 20b/IF YES,	NG CAUS	SES C	OF DEAT	H?						
	YES NO YES			NO	]						
RR	ED (ENTER NATURE OF INJURY IN ITEM 18 PAR	T 1 OR PART	2)								
	CITY OF TOWN	COUNTY			TATE						
4	12110	6		-	77.16						
+	9118	-		7							
	, 10			( /	we) lost						
n d	eath occurred on the date and hour	and Irom t	the co	ouses sto	oted						
	MEDICAL STAFF DIRECTOR   PHYSICIAN	221 D	TES	19NED							
1	Greenbet Rd		-	1							

REGISTRAR 256. REGISTRAR'S SIGNATURE

ulia Devider Randale

1. DECEASED NAME TYPE OR PRINT GEORGE WILLIS 4 RACE 3. SEX 5. DATE OF BIRTH BLACK M MONTH 10. BIRTHPLACE (STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Wash. D.C. U.S.A. WIDOWED DIVORCED O CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Takoma Park ashington Adventist Hospital USUAL RESIDENCE (IF NURSING HOME OROTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE

Maryland

P. G.

131. CITY OR TOWN

U. Marlboro 13d INSIDE CITY LIMITS? YES NO 1) FATHER'S NAME 15. MOTHER'S MAIDEN N Willis, Sr. MIDDLE George Katie 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) N/A 577563808 Gale Willi: 18 CAUSE OF DEATH (Enter only one couse per limitor (o), (b), and PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (C Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TEL CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCL HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21e. PLACE OF INJURY 71d. INJURY OCCURRED 211. LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify tha (1) (this hospital) attended the deceased from and that is (my) (our) apinio DEGREE ATTENDING PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS ENNIS -DU15 reexbelt Md. 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY Burial Md ATE Landover P.G. 9-23-87 Harmony Memorial Pk.

7. E. Jedins Itadover, 16. 20785

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			4
	DEUL DYOBELL	Femorial IIs. lanceve	P.C. P

PORTANT

DHMH - 16 60M 7/84 (VRA 15, 4)

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

SEX   A RACE   A RA	TO COLNEULS  4. RACE  4. RACE  5. DATE OF BIRTH  AND  AND  AND  BIRTHPLACE (STATE OR FOREIGN TO THE COUNTRY)  8. MARRIED NEVER MARRIED DOWNORCED TO THE INSTITUTION STATE  BUSUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION GIVE STREET ADDRESS)  136. STATE  136. COUNTRY  137. MARRIED NOTHER INSTITUTION GIVE STREET ADDRESS)  138. STATE  139. COUNTRY  130. STATE  130. COUNTRY  131. NO DECLAR SAME  MIDDLE  MIDDLE  MIDDLE  MIDDLE  MASS DECEASED EVER IN U.S. ARMED FORCES?  150. MOTHER'S MADE  NO DECLAR SAME  150. MOTHER'S MADEN NAME  151. MOTHER'S MADEN NAME  152. MOTHER'S MADEN NAME  153. MOTHER'S MADEN NAME  154. SAME  155. NO DECLAR SAME  166. AGE  MARRIED NEVER MARRIED DOWNORD OF STREET ADDRESS)  156. MOTHER'S MADEN NAME  157. MOTHER'S MADEN NAME  158. MOTHER'S MADEN NAME  159. MOTHER'S MADEN NAME  169. MOTHER'S MADEN NAME  169. MOTHER'S MADEN  170. MOTHER'S MADEN  171. NEVER NAME  171. NEVER NAME  171. NEVER NAME  172. MOTHER'S MADEN  173. MOTHER'S MADEN  174. SECONOR OF THE MADEN  175. MOTHER'S MADEN  176. AND DOWNOR OF THE MARRIED DOWNOR NAME  177. MOTHER'S MARRIED DOWNOR NAME  178. MOTHER'S MARRIED DOWNOR NAME  179. MARRIED DOWNOR NAME  170. DOWNOR NAME OF HOSPITAL, NURSING HOME OF THE MARRIED DOWNOR NAME  170. DOWNOR NAME OF HOSPITAL, NURSING HOME OF STREET ADDRESSION  170. DOWNOR NAME OF HOSPITAL, NURSING HOME OF OTHER INSTITUTION  170. US US US US US US US US US US US US US	IN YEARS LAST BIRTHDAY I IF UN TO BE ALL OCCUPATION WORK FOR MOST OF WORKING LIFE I ADDRESS / ZIP CODE ALL OCCUPATION WORK FOR MOST OF WORKING LIFE I ADDRESS / ZIP CODE ALL OCCUPATION WORK FOR MOST OF WORKING LIFE I ADDRESS / ZIP CODE ALL OCCUPATION WORK FOR MOST OF WORKING LIFE I ADDRESS / ZIP CODE ALL OCCUPATION WORK FOR MOST OF WORKING LIFE I ADDRESS / ZIP CODE ALL OCCUPATION WORK FOR MOST OF WORK FOR MOST OF WORK FOR MOST OF WORK FOR MOST OF WORK FOR MOST OF WORK FOR MOST OF WORK FOR MOST OF WORK FOR MOST OF WORK FOR MOST OF WORK FOR MOST OF WORK FOR MOST OF WORK FOR MOST OF WORK FOR MOST OF WORK FOR MOST OF WORK FOR MOST OF WORK FOR MOST OF WORK FOR MOST OF WORK FOR MOST OF WORK FOR MOST OF WORK FOR MOST OF WORK FOR MOST OF WORK FOR MOST OF WORK FOR MOST OF WORK FOR MOST OF WORK FOR MOST OF WORK FOR MOST OF WORK FOR MOST OF WORK FOR MOST OF WORK FOR MOST OF WORK FOR MOST OF WORK FOR MOST OF WORK FOR MOST OF WORK FOR MOST OF WORK FOR MOST OF WORK FOR MOST OF WORK FOR MOST OF WORK FOR MOST OF WORK FOR MOST OF WORK FOR MOST OF WORK FOR MOST OF WORK FOR MOST OF WORK FOR MOST OF WORK FOR MOST OF WORK FOR MOST OF WORK FOR MOST OF WORK FOR MOST OF WORK FOR MOST OF WORK FOR MOST OF WORK FOR MOST OF WORK FOR MOST OF WORK FOR MOST OF WORK FOR MOST OF WORK FOR MOST OF WORK FOR MOST OF WORK FOR MOST OF WORK FOR MOST OF WORK FOR MOST OF WORK FOR MOST OF WORK FOR MOST OF WORK FOR MOST OF WORK FOR MOST OF WORK FOR MOST OF WORK FOR MOST OF WORK FOR MOST OF WORK FOR MOST OF WORK FOR MOST OF WORK FOR MOST OF WORK FOR MOST OF WORK FOR MOST OF WORK FOR MOST OF WORK FOR MOST OF WORK FOR MOST OF WORK FOR MOST OF WORK FOR MOST OF WORK FOR MOST OF WORK FOR MOST OF WORK FOR MOST OF WORK FOR MOST OF WORK FOR MOST OF WORK FOR MOST OF WORK FOR MOST OF WORK FOR MOST OF WORK FOR MOST OF WORK FOR MOST OF WORK FOR MOST OF WORK FOR MOST OF WORK FOR MOST OF WORK FOR MOST OF WORK FOR MOST OF WORK FOR MOST OF WORK FOR MOST OF WORK FOR MOST OF WORK FOR MOST OF WORK FOR MOST OF WORK FOR MOST OF WORK FOR WORK FOR WORK FOR WORK FOR WORK FOR WORK	DEATH  WHO BUSINESS OR INDUSTRY
SEX   COLINEURS   SOLITION OF DEATH   SOLITION OF WHAT COUNTRY   AMARIBOD   TOWN OF DEATH   SOLITION OF WHAT COUNTRY   AMARIBOD   TOWN OF DEATH   SOLITION OF STREET HOUSES   TOWN OF TOWN OF STREET HOUSES   TOWN OF TOWN OF STREET HOUSES   TOWN OF TOWN OF TOWN OF STREET HOUSES   TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TO	18 CAUSE OF DEATH (Enter only one couse per line for Jol., (b), and Ic.)  18 CAUSE OF DEATH (Enter only one couse per line for Jol., (b), and Ic.)  19 CAUSE OF DEATH (Enter only one couse per line for Jol., (b), and Ic.)  10 CONDITION OF DEATH (Enter only one couse per line for Jol., (b), and Ic.)  10 CAUSE OF DEATH (Enter only one couse per line for Jol., (b), and Ic.)  11 CAUSE OF DEATH (Enter only one couse per line for Jol., (b), and Ic.)  12 CONDITIONS (b)  13 CAUSE OF DEATH (Enter only one couse per line for Jol., (b), and Ic.)  14 CAUSE OF DEATH (Enter only one couse per line for Jol., (b), and Ic.)  15 CONDITIONS (b)  16 COnditions, if ony, which gave rise to immediate couse (a), stofting the DUE TO, OR AS A CONSEQUENCE OF	MORE CITY OR COUNTY OF ONT GOME LACCUPATION WORK FOR MOST OF WORKING LIFE)  ET ADDRESS / ZIP CODE  AMIDDLE GOME	INDER I VEAR IF UNDER 24 HRS. THIS DAYS HOURS MIN. POEATH RY MD. 126. KIND OF BUSINESS OR INDUSTRY
The BIRTHPLACE (13) ALT DE FORECTOR DE COLUMN OF COUNTRY?  BE CHIT OR TOWN OF DEATH  COUNTRY  BE CHIT OR TOWN OF DEATH  CHIT OR TOWN OF DEATH  CHIT OR TOWN OF DEATH  CHIT OR TOWN OF DEATH  CHIT OR TOWN OF DEATH  CHIT OR TOWN OF DEATH  CHIT OR TOWN OF DEATH  CHIT OR TOWN OF DEATH  CHIT OR TOWN OF DEATH  CHIT OR TOWN OF DEATH  CHIT OR TOWN OF DEATH  CHIT OR TOWN OF DEATH  CHIT OR TOWN OF DEATH  CHIT OR TOWN OF DEATH  CHIT OR TOWN OF DEATH  CHIT OR TOWN OF DEATH  CHIT OR TOWN OF DEATH  CHIT OR TOWN OF DEATH  CHIT OR TOWN OF DEATH  CHIT OR TOWN OF DEATH  CHIT OR TOWN OF DEATH  CHIT OR TOWN OF DEATH  CHIT OR TOWN OF DEATH  CHIT OR TOWN OF DEATH  CHIT OR TOWN OF DEATH  CHIT OR TOWN OF DEATH  CHIT OR TOWN OF DEATH  CHIT OR TOWN OF DEATH  CHIT OR TOWN OF DEATH  CHIT OR TOWN OF DEATH  CHIT OR TOWN OF DEATH  CHIT OR TOWN OF DEATH  CHIT OR TOWN OF DEATH  CHIT OR TOWN OF DEATH  CHIT OR TOWN OF DEATH  CHIT OR TOWN OF DEATH  CHIT OR TOWN OF DEATH  CHIT OR TOWN OF DEATH  CHIT OR TOWN OF DEATH  CHIT OR TOWN OF DEATH  CHIT OR TOWN OF DEATH  CHIT OR TOWN OF DEATH  CHIT OR TOWN OF DEATH  CHIT OR TOWN OF DEATH  CHIT OR TOWN OF DEATH  CHIT OR TOWN OF DEATH  CHIT OR TOWN OF DEATH  CHIT OR TOWN OF DEATH  CHIT OR TOWN OF DEATH  CHIT OR TOWN OF DEATH  CHIT OR TOWN OF DEATH  CHIT OR TOWN OF DEATH  CHIT OR TOWN OF DEATH  CHIT OR TOWN OF DEATH  CHIT OR TOWN OF DEATH  CHIT OR TOWN OF DEATH  CHIT OR TOWN OF DEATH  CHIT OR TOWN OF DEATH  CHIT OR TOWN OF DEATH  CHIT OR TOWN OF DEATH  CHIT OR TOWN OF DEATH  CHIT OR TOWN OF DEATH  CHIT OR TOWN OF DEATH  CHIT OR TOWN OF DEATH  CHIT OR TOWN OF DEATH  CHIT OR TOWN OF DEATH  CHIT OR TOWN OF DEATH  CHIT OR TOWN OF DEATH  CHIT OR TOWN OF DEATH  CHIT OR TOWN OF DEATH  CHIT OR TOWN OF DEATH  CHIT OR TOWN OF DEATH  CHIT OR TOWN OF DEATH  CHIT OR TOWN OF DEATH  CHIT OR TOWN OF DEATH  CHIT OR TOWN OF DEATH  CHIT OR TOWN OF DEATH  CHIT OR TOWN OF DEATH  CHIT OR TOWN OF DEATH  CHIT OR TOWN OF DEATH  CHIT OR TOWN OF DEATH  CHIT OR TOWN OF DEATH  CHIT OR TOWN OF DEATH  CHIT OR TOWN OF DEATH  CHIT OR TOWN OF D	10 CITY OR TOWN OF DEATH   11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION   120 USI   130 STATE   130 COUNTY   130 USI   130	MORE CITY OR COUNTY OF ONT GOME AL OCCUPATION NOR FOR MOST OF WORKING LIFE!  ET ADDRESS / ZIP CODE  H FYELEY   LAMIDDLE GENTE	DEATH RY MD.  17b. KIND OF BUSINESS OR INDUSTRY  LCK Aug.
REBITHPLACE 15/ALE OF DEATH CALVE OF WHAT COUNTRY?  AMRIED NEVER MARRED NEVER MARRED NOT COUNTY OF DEATH WOONED NOT COUNTY OF DEATH WOONED NOT COUNTY OF DEATH WOONED NOT COUNTY OF DEATH NOT COUNTY OF DEATH NOT COUNTY OF DEATH NOT COUNTY OF DEATH NOT COUNTY OF DEATH NOT COUNTY OF DEATH NOT COUNTY OF DEATH NOT COUNTY OF DEATH NOT COUNTY OF DEATH NOT COUNTY OF DEATH NOT COUNTY OF DEATH NOT COUNTY OF DEATH NOT COUNTY OF DEATH NOT COUNTY OF DEATH NOT COUNTY OF DEATH NOT COUNTY OF DEATH NOT COUNTY OF DEATH NOT COUNTY OF DEATH NOT COUNTY OF DEATH NOT COUNTY OF DEATH NOT COUNTY OF DEATH NOT COUNTY OF DEATH NOT COUNTY OF DEATH NOT COUNTY OF DEATH NOT COUNTY OF DEATH NOT COUNTY OF DEATH NOT COUNTY OF DEATH NOT COUNTY OF DEATH NOT COUNTY OF DEATH NOT COUNTY OF DEATH NOT COUNTY OF DEATH NOT COUNTY OF DEATH NOT COUNTY OF DEATH NOT COUNTY OF DEATH NOT COUNTY OF DEATH NOT COUNTY OF DEATH NOT COUNTY OF DEATH NOT COUNTY OF DEATH NOT COUNTY OF DEATH NOT COUNTY OF DEATH NOT COUNTY OF DEATH NOT COUNTY OF DEATH NOT COUNTY OF DEATH NOT COUNTY OF DEATH NOT COUNTY OF DEATH NOT COUNTY OF DEATH NOT COUNTY OF DEATH NOT COUNTY OF DEATH NOT COUNTY OF DEATH NOT COUNTY OF DEATH NOT COUNTY OF DEATH NOT COUNTY OF DEATH NOT COUNTY OF DEATH NOT COUNTY OF DEATH NOT COUNTY OF DEATH NOT COUNTY OF DEATH NOT COUNTY OF DEATH NOT COUNTY OF DEATH NOT COUNTY OF DEATH NOT COUNTY OF DEATH NOT COUNTY OF DEATH NOT COUNTY OF DEATH NOT COUNTY OF DEATH NOT COUNTY OF DEATH NOT COUNTY OF DEATH NOT COUNTY OF DEATH NOT COUNTY OF DEATH NOT COUNTY OF DEATH NOT COUNTY OF DEATH NOT COUNTY OF DEATH NOT COUNTY OF DEATH NOT COUNTY OF DEATH NOT COUNTY OF DEATH NOT COUNTY OF DEATH NOT COUNTY OF DEATH NOT COUNTY OF DEATH NOT COUNTY OF DEATH NOT COUNTY OF DEATH NOT COUNTY OF DEATH NOT COUNTY OF DEATH NOT COUNTY OF DEATH NOT COUNTY OF DEATH NOT COUNTY OF DEATH NOT COUNTY OF DEATH NOT COUNTY OF DEATH NOT COUNTY OF DEATH NOT COUNTY OF DEATH NOT COUNTY OF DEATH NOT COUNTY OF DEATH NOT COUNTY OF DEATH NOT COUNTY OF DEATH NOT COUNTY OF DEATH NOT COUNTY OF DEATH NOT COUNTY OF DEATH	BALT   ARRIVED   NEVER MARRIED   NEVER MARRI	MORE CITY OR COUNTY OF  ONTGOME  AL OCCUPATION WORK FOR MOST OF WORKING LIFE!  ET ADDRESS / ZIP CODE  L WOODLE	DEATH RY MD. 12b. KIND OF BUSINESS OR INDUSTRY
A. MARRIED NEVER MARRED    D. CLY OR TOWN OF DEATH   11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION   174 OWN OF MOSTRIAN OF BUSINESS OR 175 OWN OF MOSTRIAL PROBLEM   12. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION   174 OWN OF MOSTRIAL PROBLEM   12. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION   174 OWN OF MOSTRIAL PROBLEM   12. NAME OF HOSPITAL	TO CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  (IF END IN SUCH EACHING, GIVE STREET ADDRESS)  USUAL RESIDENCE IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  13a STATE  13b COMPTY  13c CVY OR TOWN  13d INSIDE CITY LIMITS?  13e STRIT  13e MIDDLE  15 MOTHER'S MAME  15 MOTHER'S MAME  15 MOTHER'S MAME  16 VAS DECEMSED EVER IN U.S. ARMED FORCES?  16 SOCIAL SECURITY NO  17 INFORMANT  18 CAUSE OF DEATH (Enter only one couse per line for Jol, (b), and Ic.)  PART I. DEATH WAS CAUSED BY  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF	ONTGOMEN AL OCCUPATION MODRESON MOST OF WORKING LIFE) BOYEY ET ADDRESS / ZIP CODE F VEGET LAMIDDLE GENTE	RY MD.  17.6. KIND OF BUSINESS OR INDUSTRY  20850  CK Ave.
TO CHY OR TOWN OF DEATH  II. NAME OF HOSPITAL, NURSING HOME OF OTHER INSTITUTION  III. NURSING HOME OF OTHER INSTITUTION  III. NURSING HOME OF OTHER INSTITUTION  III. STATE  III. OR TOWN OF TOWN OF TOWN OF TOWN OF BUSINESS OR INSTITUTION  III. STATE  III. OR TOWN OF TOWN OF TOWN OF TOWN OF BUSINESS OR INSTITUTION  III. STATE  III. OR TOWN OF TOWN OF TOWN OF TOWN OF BUSINESS OR INSTITUTION  III. STATE  III. OR TOWN OF TOWN OF TOWN OF BUSINESS OR INDUSTRY  III. OR TOWN OF TOWN OF TOWN OF TOWN OF BUSINESS OR INDUSTRY  III. OR TOWN OF TOWN OF TOWN OF TOWN OF BUSINESS OR INDUSTRY  III. OR TOWN OF TOWN OF TOWN OF TOWN OF BUSINESS OR INDUSTRY  III. OR TOWN OF TOWN OF TOWN OF TOWN OF BUSINESS OR INDUSTRY  III. CAUSE OF DEATH EAST ON THE TOWN OF BUSINESS OR INDUSTRY  III. CAUSE OF DEATH CAUSE OF BUSINESS OR INDUSTRY  III. CAUSE OF DEATH CAUSE OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN OF TOWN	TO CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  (IF NOT IN SUCCESSED LITTY OF TOWN  136. STATE  136. STATE  136. STATE  137. NAME  136. STATE  137. NAME  136. STATE  137. NAME  138. STATE  139. STATE  130. MOTHER'S MADEN NAME  150. MOTHER'S MADEN NAME  150. MOTHER'S MADEN NAME  161. MOTHER'S MADEN NAME  161. MOTHER'S MADEN NAME  162. MOTHER'S MADEN NAME  163. MOTHER'S MADEN NAME  164. SOCIAL SECURITY NO.  176. INFORMANT  186. CAUSE OF DEATH (Enter only one couse per line for Jol., Ib), and Ic.  18 CAUSE OF DEATH (Enter only one couse per line for Jol., Ib), and Ic.  18 CAUSE OF DEATH (Enter only one couse per line for Jol., Ib), and Ic.  18 CAUSE OF DEATH (Enter only one couse per line for Jol., Ib), and Ic.  18 CAUSE OF DEATH (Enter only one couse per line for Jol., Ib), and Ic.  18 CAUSE OF DEATH (Enter only one couse per line for Jol., Ib), and Ic.  18 CAUSE OF DEATH (Enter only one couse per line for Jol., Ib), and Ic.  18 CAUSE OF DEATH (Enter only one couse per line for Jol., Ib), and Ic.  18 CAUSE OF DEATH (Enter only one couse per line for Jol., Ib), and Ic.  18 CAUSE OF DEATH (Enter only one couse per line for Jol., Ib), and Ic.  18 CAUSE OF DEATH (Enter only one couse per line for Jol., Ib), and Ic.  18 CAUSE OF DEATH (Enter only one couse per line for Jol., Ib), and Ic.  19 CAUSE OF DEATH (Enter only one couse per line for Jol., Ib), and Ic.  18 CAUSE OF DEATH (Enter only one couse per line for Jol., Ib), and Ic.  19 CAUSE OF DEATH (Enter only one couse per line for Jol., Ib), and Ic.  19 CAUSE OF DEATH (Enter only one couse per line for Jol., Ib), and Ic.  19 CAUSE OF DEATH (Enter only one couse per line for Jol., Ib), and Ic.  19 CAUSE OF DEATH (Enter only one couse per line for Jo	ALOCCUPATION WORK FOR MOST OF WORKING LIFE)  ET ADDRESS / ZIP CODE  F VEGET   AMIDDLE  AMIDLE  AMIDDLE  AMIDLE  AMIDDLE	17.6. KIND OF BUSINESS OR INDUSTRY
DSUAL RESIDENCE (# NORMAND HONE OF COMER INSTITUTION ONCE RESPIRACE METOR ADMISSION)  10 STATE  11	USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  13a, STATE  13b, COUNTY  13c, CLY OR TOWN  13d, INSIDE CITY LIMITS?  13c, STR.  13d, INSIDE CITY LIMITS?  13d, INSIDE CITY LIMITS?  13e, STR.  15. MOTHER'S MADE  15. MOTHER'S MADEN NAME  15. MOTHER'S MADEN NAME  16. WAS DECEMBED EVER IN U.S. ARMED FORCES?  16b, SOCIAL SECURITY NO  17 INFORMANT  18 CAUSE OF DEATH (Enter only one couse per line for Jol., (b), and Ich.)  PART I. DEATH WAS CAUSED BY  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gave rise to immediate couse (a), stofting the  DUE TO, OR AS A CONSEQUENCE OF	NORFORMOST OF WORKING LIFE)  ET ADDRESS / ZIP CODE  FROM ENTINE  LIMIDALE  L	industry 20850 ick Aug.
136 COUNTRY   136 COUNTRY   136 COUNTRY   136 COUNTRY   136 COUNTRY   136 COUNTRY   136 COUNTRY   136 COUNTRY   136 COUNTRY   136 COUNTRY   136 COUNTRY   136 COUNTRY   136 COUNTRY   136 COUNTRY   136 COUNTRY   136 COUNTRY   136 COUNTRY   136 COUNTRY   136 COUNTRY   136 COUNTRY   136 COUNTRY   136 COUNTRY   136 COUNTRY   136 COUNTRY   136 COUNTRY   136 COUNTRY   136 COUNTRY   136 COUNTRY   136 COUNTRY   136 COUNTRY   136 COUNTRY   136 COUNTRY   136 COUNTRY   136 COUNTRY   136 COUNTRY   136 COUNTRY   136 COUNTRY   136 COUNTRY   136 COUNTRY   136 COUNTRY   136 COUNTRY   136 COUNTRY   136 COUNTRY   136 COUNTRY   136 COUNTRY   136 COUNTRY   136 COUNTRY   136 COUNTRY   136 COUNTRY   136 COUNTRY   136 COUNTRY   136 COUNTRY   136 COUNTRY   136 COUNTRY   136 COUNTRY   136 COUNTRY   136 COUNTRY   136 COUNTRY   136 COUNTRY   136 COUNTRY   136 COUNTRY   136 COUNTRY   136 COUNTRY   136 COUNTRY   136 COUNTRY   136 COUNTRY   136 COUNTRY   136 COUNTRY   136 COUNTRY   136 COUNTRY   136 COUNTRY   136 COUNTRY   136 COUNTRY   136 COUNTRY   136 COUNTRY   136 COUNTRY   136 COUNTRY   136 COUNTRY   136 COUNTRY   136 COUNTRY   136 COUNTRY   136 COUNTRY   136 COUNTRY   136 COUNTRY   136 COUNTRY   136 COUNTRY   136 COUNTRY   136 COUNTRY   136 COUNTRY   136 COUNTRY   136 COUNTRY   136 COUNTRY   136 COUNTRY   136 COUNTRY   136 COUNTRY   136 COUNTRY   136 COUNTRY   136 COUNTRY   136 COUNTRY   136 COUNTRY   136 COUNTRY   136 COUNTRY   136 COUNTRY   136 COUNTRY   136 COUNTRY   136 COUNTRY   136 COUNTRY   136 COUNTRY   136 COUNTRY   136 COUNTRY   136 COUNTRY   136 COUNTRY   136 COUNTRY   136 COUNTRY   136 COUNTRY   136 COUNTRY   136 COUNTRY   136 COUNTRY   136 COUNTRY   136 COUNTRY   136 COUNTRY   136 COUNTRY   136 COUNTRY   136 COUNTRY   136 COUNTRY   136 COUNTRY   136 COUNTRY   136 COUNTRY   136 COUNTRY   136 COUNTRY   136 COUNTRY   136 COUNTRY   136 COUNTRY   136 COUNTRY   136 COUNTRY   136 COUNTRY   136 COUNTRY   136 COUNTRY   136 COUNTRY   136 COUNTRY   136 COUNTRY   136 COUNTRY   136 COUNTRY   136 COUNTRY   136 COUNTRY   136 COUNTRY	136 STATE  136 COUNTY  132 COY OR TOWN  136 INSIDE CITY LIMITS?  136 STATE  137 OC A WILL  15 MOTHER'S MAIDEN NAME  15 MOTHER'S MAIDEN NAME  15 MOTHER'S MAIDEN NAME  16 MODLE  17 INFORMANT  18 CAUSE OF DEATH (Enter only one couse per line for Jol, (b), and Ic.)  18 CAUSE OF DEATH (Enter only one couse per line for Jol, (b), and Ic.)  18 CAUSE OF DEATH (Enter only one couse per line for Jol, (b), and Ic.)  18 CAUSE OF DEATH (Enter only one couse per line for Jol, (b), and Ic.)  18 CAUSE OF DEATH (Enter only one couse per line for Jol, (b), and Ic.)  18 CAUSE OF DEATH (Enter only one couse per line for Jol, (b), and Ic.)  18 CAUSE OF DEATH (Enter only one couse per line for Jol, (b), and Ic.)  18 CAUSE OF DEATH (Enter only one couse per line for Jol, (b), and Ic.)  19 DUE TO, OR AS A CONSEQUENCE OF  19 DUE TO, OR AS A CONSEQUENCE OF  19 DUE TO, OR AS A CONSEQUENCE OF	+ Frederic + MIDDLE Genie	20850 ick Ave.
MAS DECEASED EVER IN U.S. ARMED FORCES? 186 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 18 CAUSE OF DEATH lEnter only one couse per line for Jol. (b), and IC.  PART I. DEATH WAS CAUSES BY  Conditions, if only, which gave rise to immediate couse [o], stofting the underlying couse lost.  DUE TO, OR AS A CONSEQUENCE OF  UNDE TO, OR AS	MAS DECEASED EVER IN U.S. ARMED FORCES?  18. VAS DECEASED EVER IN U.S. ARMED FORCES?  18. SOCIAL SECURITY NO  17. INFORMANT  18. CAUSE OF DEATH (Enter only one couse per line for Jol., (b), and Ich  PART I. DEATH WAS CAUSED BY  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gave rise to immediate couse (a), stating the  DUE TO, OR AS A CONSEQUENCE OF	+ MIDDLE GENIE	
18 CAUSE OF DEATH. (Enter only one dause per line for 101, (b), and (c)   SQUIPMOUS   SQ	TES. NO DELINKNOWN)	ADDRESS	35 IAST
PART 1 DEATH WAS CAUSED BY  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate couse (a), storing the underlying cause lost.  DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF	son(wite)	
DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gave rise to immediate cause (ia), stoting the underlying cause lost.  DUE TO, OR AS A CONSEQUENCE OF  (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0  1% DATE OF OPERATION  1% CONTRIBUTING CAUSES OF DEATH?  YES NO NO NOTE:  10. ACCIDENT WAS UNDERLYING OR CAUSES OF DEATH?  YES NO NO NOTE:  116. INJURY OCCURRED  126. INJURY OCCURRED  126. INJURY OCCURRED  126. INJURY OCCURRED  127. INDUSTRIBUTION STREET  CITY OR TOWN  COUNTY  STATE  ALL WORK  276. ISSUED  ALL WORK  276. INDUSTRIBUTION SOW the deceased drive on obove, (1) (we) (did) (did) rod) view the body after death?  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN    ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN    DIRECTOR PHYSICIAN    DIRECTOR PHYSICIAN    DIRECTOR PHYSICIAN    DIRECTOR PHYSICIAN    DIRECTOR PHYSICIAN    DIRECTOR PHYSICIAN    DIRECTOR PHYSICIAN    DIRECTOR PHYSICIAN    DIRECTOR PHYSICIAN    DIRECTOR PHYSICIAN    DIRECTOR PHYSICIAN    DIRECTOR PHYSICIAN    DIRECTOR PHYSICIAN    DIRECTOR PHYSICIAN    DIRECTOR PHYSICIAN    DIRECTOR PHYSICIAN    DIRECTOR PHYSICIAN    DIRECTOR PHYSICIAN    DIRECTOR PHYSICIAN    DIRECTOR PHYSICIAN    DIRECTOR PHYSICIAN    DIRECTOR PHYSICIAN    DIRECTOR PHYSICIAN    DIRECTOR PHYSICIAN    DIRECTOR PHYSICIAN    DIRECTOR PHYSICIAN    DIRECTOR PHYSICIAN    DIRECTOR PHYSICIAN    DIRECTOR PHYSICIAN    DIRECTOR PHYSICIAN    DIRECTOR PHYSICIAN    DIRECTOR PHYSICIAN    DIRECTOR PHYSICIAN    DIRECTOR PHYSICIAN    DIRECTOR PHYSICIAN    DIRECTOR PHYSICIAN    DIRECTOR PHYSICIAN    DIRECTOR PHYSICIAN    DIRECTOR PHYSICIAN    DIRECTOR PHYSICIAN    DIRECTOR PHYSICIAN    DIRECTOR PHYSICIAN    DIRECTOR PHYSICIAN    DIRECTOR PHYSICIAN    DIRECTOR PHYSICIAN    DIRECTOR PHYSICIAN    DIRECTOR PHYSICIAN    DIRECTOR PHYSICIAN    DIRECTOR PHYSICIAN    DIRECTOR PHYSICIAN    DIRECTOR P	Conditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF	ceil	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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Here a MD ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR	72b. SIGNATURE DEGREE		THE DATE BOOMED
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236 BURIAL CREMATION, REMOVAL 1735 DATE 1236 NAME OF CEMETERY OR CREMATORY 1236 LOCATION			
(SPECIEY) CITY OR TOWN COUNTY STATE	24 FUNERAL DIRECTOR 25a. DATE REC'D.	CITY OR TOWN CO	
Burial 9-12-87 Lincoln Park Cem. Rockville, Montg, MD  4 FUNERAL DIRECTOR  ROCKVILLE MONTG, MD  256. PATE REC ID, BY REGISTRAR'S SIGNATURE	George R. Snowden Rockville, MD 20850	kville, Montg	MD

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STATE OF MARYLAND	-
DEPARTMENT OF HEALTH AND MENTAL HYGENE	1
CERTIFICATE OF DEATH	

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3 1190	Si	llver Spring	3	Fairla	nd Nur			2		SRei			rnment
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DHWH - 10 00M 7/84 (VRA 15, 4)		UNERAL DIRECTOR I						ing,Md.	P75	1987	D. REGISTI	MAGRIN	laxter-

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH DECEASED-NAME Middle Last 20 DATE OF DEATH First 2b. HOUR (Type or print) JAMES J. WINDER 3 SEX 4 RACE 5. DATE OF BIRTH SELINDER I YEAR IF LINDER 24 HRS 6. AGE (In years last birthday) HOURS M W 4-14-24 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED X NEVER MARRIED country) BETHESDA, MD. MONLO WIDOWED [ DIVORCED T PENN. U.S.A. the 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 1D. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) 6204 V 21201 during most of working life, even if retired.)
CARPENTER WINDWARD PLACE EMP. 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER BALTIMORE, MARYLAND admission) 13b COUNTY BON AIR WINDWARD PLACE RETHESDA 14. FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle Last JOSEPH WINDER ELIZABETH PEDDICORD 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address with (Yes, na, or unknown) JEAN WINDER wife - same as above 157-16-0045 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY PRESTON STREET, cute myocardial ours IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave ) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO X YES 🗍 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark MARCH 1982 to JULY 220. I certify that (this hospital) attended the deceased from... JULY 1 19.87, and that in (my) (our) opinion death occurred on the date and have and from the sow the deceased glive on.... causes stated obove, (4) (we) (did) (did not) view the body after death. 22b. SIGNATURE HMO DIRECTOR: 22c. DATE SIGNED detached ATTENDING STAFF Me DEGREE DIRECTOR PHYS. PHYS. 22d PHYSICIAN'S 22e. ADDRESS NAME (Type) WILLIAM 6111 EXECUTIVE BLVD. ROCKVILLE, MD 20852 H. SILVERMAN pe Heol shauld 235. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, (State) REMOVAL (Specify) of o 2 9-24-87 Remova 1 250. RECD BY REGISTRAR 250. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS : DHMH-16 1/71 30M State Anatomy Board (VR A15 (4)) Balto. Md

87IE

DECEASED NAME

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAMHYCIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO

061	638-0
ox	CTOR. CTOR. FILES. FOURS

20 DATE KNOWN TYPE OR PRINTI JAMES YORK GOOM DEATH MATED \$ 9-5-87 3. SEX 4 RACE DATE OF BIRTH IF UNDER 1 YR. IF UNDER 24 HRS. 2c DATE FUNERAL DIRECTOR FOR YOUR PARESTON MONTH LAST BIRTHDAY PRONOUNCED Male Caucasian DEAD April 21,1924 63YRS TO BIRTHPLACE ISTATE OR BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! WIDOWED [ Indiana United States DIVORCED V Montgomery County,
USUAL OCCUPATION (178 OF WORK | 178 KIND OF BUSINESS IR CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFET 9526 Trevford Terrace Gaithersburg Attorney TAILD ISUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 130 STATE 13b COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS YES NO D 9526 Treyford Terrace 20879 Maryland Montgomery Gaithersburg 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME FIRST Ralph W. Wood Beatrice 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT 405 Barkley Ave. (YES, NO, OR UNKNOWN) Orange, Calif. 92667 362-36-0850 WW II & Korea Douglas P. Wood 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) AS CAUSED BY: Arteriosclerotic cardiovascular disease PART I DEATH WAS CAUSED BY: DUE TO OR AS A CONSEQUENCE OF Conditions, if any, which TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITH EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMPRES TO FUNE THE MEDICAL EXAMPRES TO FUNE THE SHOULD BE USED AS A BURIAL. THOY FUNEATH, WITH THE STATE DEPARTMENT OF HALLTH AND MENTIFAL BALLTHAND, 21201 PRÍOR TO BURIAL, CREMATION, OR PE gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 214 INJURY OCCURRED TIE PLACE OF INJURY (ATHOME. 21f LOCATION STREET, FACTORY, FARM FTC ) WHILE AT WORK CITY OF TOWN 220 I certify that I taak charge of the remains described above, held an Inspection Natural causes X death resulted from: _ Suicide Hamicide . Accident Undetermined manner D. Aggistant MEDICAL EXAMINER SECHATURE EXAMINER'S NAME Margarita A. Korell, M.D. ADDRESS. 111 Penn Street (TYPE OR PRINT) 238 BURIAL, CREMATION, REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION 1987 Montgomery Crematorium, Inc Bethesda Cremation 07/84 Rockville, Inc. Pumphrey Funeral Home/ 300 West Montgomery Ave. Rockville, Maryland 256 REGISTRAR'S SIGNABULA

9-27-8710

York

OR INDUSTRY

U.S. Gov't.

APPROXIMATE INTERVAL

BETWEEN ONSET AND DEATH

20 AUTOPSY? YES .

COUNTY

DATE SIGNED 9-28-87

Maryland

NO [

STATE

7d HOUR

:30R

**DHMH - 17** (VR A15 ME (5))

#### FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 8 CEASED NAME HENRY HARLAN WOODS OF DEATH MATED 5 DATE OF BIRTH 6 AGE IN YEARS IF UNDER 1 YR IF UNDER 24 HRS 20 DATE MONTH LAST BIRTHDAY) MONTHS PRONOUNCED 1895 2 DEAD To BIRTHPLAC MARRIED NEVER MARRIED FOREIGN COUNTRY) WIDOWED DIVORCED New York USA 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Retired 4 FATHER'S NAME IS MOTHER'S MAIDEN NAME Daniel W. Woods Ida 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 111-01-7927 CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNATION CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 ED AS A B CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M. TIE PLACE OF INJURY (AT HOME, TI LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN AT WORK AT WORK Inspection X 22a I certify that I took charge of the remains described above, held on Autopsy Inquiry

REG NO 20 DATE KNOWN Govt.Printing LAST 20903 White Edith H. Woods, -wife- (same as 13e) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20 AUTOPSY? YES [] NO DE COUNTY STATE and in my apinian Undetermined manner

07/84

**DHMH - 17** 

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(VR A15 ME (5))

24 FUNERAL DIRECTOR Hines/Rinaldi Funeral Home

EXAMINER SARAME

(SPEC#Burial

death resulted fram:

ACTUAL SIGNATURE

230 BURIAL CREMATION REMOVAL 9-23-1987

Natural causes

Accident

John S. Rogers, DME

23c NAME OF CEMETERY OR CREMATORY Natl. Memorial Park

Suicide

Hamicide ___

TITLE (SPECIFY)

ADDRESS

23d LOCATION Falls Church

1919 Seminary Rd., S.S. Md.

11800 N.H. Ave., Silver Spring, Md.

STATE OF MARYLAND

SEPRETO TO REGISTRAR 135 REGISTRAR ASIGNAT PLE deal

Virginia

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGHENE CERTIFICATE OF DEATH

							REG NO.			
	ECEASED NAME FIRST	٨	AIDDLE	L	AST		20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR	10
	GILB	ERT	Robin	4	VRIQH.	+7	9	0681	11 -	PM
3 SE	X	4. RACE		5 DATE C		YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONINS DAYS	HOURS	AL HRS
	MALE	Whit	e	7	14	03	83 YRS			
	COUNTRY)	76 CITIZEN OF	WHAT COUNTR	RY? 8 MARRIEI	NEVER MAR	RIED D	9 BALTIMORE CITY OR COUN	TY OF DEATH		
	Iowa	Ţ	JSA	WIDOWE			Montgomery			MD.
2.0	CITY OR TOWN OF DEATH				R OTHER INSTITU	TION	128 USUAL OCCUPATION	126 KIND C	OF BUSINE	SSOR
S	Silver Spring	Holy (	cross Ho	ospital			Retired Retired	Dept.	of Co	ommer
₩5U	JAL RESIDENCE (IF NURSING HOME C STATE 136 COU		GIVE RESIDENCE BE		13d INSIDE CITY	LIANITS? 1	13e STREET ADDRESS / ZIP CO	DE	-	
M		tgomery		Spring			202 Piping Ro		209	906
14. F.	ATHER'S NAME	DDif	- 1457		15. MOTHER'S MA					
1	William Ro	ckwell	Wr:	ight	Susan	nna	WIDDLE	Bull	len	
	WAS DECEASED EVER IN U.S. A		166 SOCIAL SE		17 INFORMANT		ADDRESS Ma	rymount	Rd.	
	(YES NOR MUKNOWN) (IF YES G	AR OR DATES	478-16	-7511	John R	. Wrig	ght-son-Silver	Spring.	Md.	20906
	18 CAUSE OF DEATH Enter of	nly one couse per	line for ioi, (b),	and c T	-	-		APPROX BETWEEN	MATE INTERV	VAL DEA7H
	PART I. DEATH WAS CAUS	ED BY-	Hea	1	allyn	e				
10	III III III		AS A CONDE	1	. 11	_	1. 1 1			
18	Conditions, if any, which	DOE 10, 01	A VYEN	DIUSCH	) Mon	(400	MWasalan Pisc	49.		
	gave rise to immediate cause (a), stating the	Thursto or	EAS A CONSE	DOMESTIC OF						
120	underlying couse last.	1 DOE TO, CA	CAS A CUMBE	WOERSCE OF						
	PART Z. OTHER SIGNIFICANT	CONMITTIONS	NTRIBUTING T	O DEATH BUT	MOT RELATED TO	THE TERMIN	NAT PREASE OF CONDITION O	IVEN IN EART 1	0	_
NO	Kenal	tail	W	Ma	MARIA	me)	1/1/2			
AT A	THE DATE OF OPERATION	196 CONDI	TION POSTWHI	CHOPERATIO	N WAS PERFORME	EO		ES, WERE FINDE		
CERTIFICATION							The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	TIFYING CAUSE!	NO [	
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¥	GE CONTEBUTING CAUSE OF DE	WIND SEC. 25.11(2.10)		DAT TEAM						
MEDICAL	214 INJURY OCCURRED	71a. PLACE C			THE LOCATION		CAY DE FOWN	COUNT	1.0	AN
2	AT HOSE AT HOSE AT HOSE	SAT HOME SIN	ET FACTORS DES	CE PARM FIG.	111 4	011	9-1	20		4.0
	22s.1 certify that (i) (this hosp	ital: attended the	deceased fro	- 20	a tregat	004	10	10_0/	that It is	willost.
	now the deceased alive a introde, (Niwe) (did) (did)	7	V 15	01 01	difficit in (my) cour	1 opinion de	eath occurred on the date and h	our and from the	Courses sto	test:
	22h SICHAEURE	11/1/1	1	10	DECINEE.			IAC N	MANY	V
	avail	V. yuu	urynun	Vy,		NDING X	MEDICAL STAFF	14-1	10	1
	274 PHYSICIAN'S NAME THE	OR PRINTY		1	77+ ADDRESS	1	CONTRACTOR AND ADDRESS OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE P	- 1	1	-
	Carroll 1	D. Mahone	ey, MD	Page 1	10301 G	eorgia	a Ave., Silver	Spring	, Md.	
	BURIAL, CREMATION, REMOVA			3c NAME OF C	EMETERY OR CRE/		23d LOCATION			
	Burial	9-9-19			emetery		Burtonsville	Montgome	ery T	Md.
24 F	FUNERAL DIRECTOR					250 DATE	REC'D. BY REGISTRAR THE RECAL	SIBARSSIONA	47911 P. 66	
Hi	ines/Rinaldi Fu	noral Hor	11800	NoH. A	ve.wa		DA 0 4007 Julia	Devidon	Coulonna	-

DHMH - 16 60M 7/B (VRA 15, 4)

neral director, page 3 in 72 haurs ofter death

injury, or ather traumotic event,

should be detached for use as the burial-transit permit. Then please remave a with the State Dept. of Health and Mental Hygiene prior to burial, cremation, TO FUNERAL DIRECTOR. After this certificate has been signed by the atte

ATTENDING PHYSICIAN The low

IMPORTANT. If Hem 21 is morked at Hem 18 shaws any

067054 SEP 29 87 STATE

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2	/	V	-	7	
- 41	45			1	
REG. NO	150				

BY REGISTRAR 256 REGISTRAR'S SIGNATURE

his Tevidon Tandoll

4	REGISTRAR		C	ICALL OI D	-MIII	REG. NO	0		
	1. DECEASED NAME FIRST	WIDDLE	ı	AST		20 DATE OF DEATH	HINOM	DAY YEAR	26 HOUR
1	VISTA	A S.	WRI	GHT		SEPTEMBER	17,	1987	3:20A M
	3. SEX	4 RACE	5. DATE C		YEAR	6 AGE (IN YEARS LAST BIR	THDAY}	MONTHS DAYS	
	FEMALE	CAUCASIAN	FEB	3	1892	95	YRS		HOURS MIN
N	To. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	NTRY? 8	NEVER A	ABBIED T	9 BALTIMORE CITY O	R COUN	TY OF DEATH	
d	NORTH CAROLINA	USA	WIDOWE		ORCED	MONTGOM	IERY		MD.
	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	NURSING HOME C	R OTHER INST	ITUTION	120 USUAL OCCUPATI			OF BUSINESS OR
	SILVER SPRING	ALTHEA WOODI	LAND NURS	ING HON	ſΕ	BEAUTY CULT			
ø	USUAL RESIDENCE (IF NURSING HOME OR 130 STATE 1136 COUN			13d. INSIDE C	TV LIMITS?	13e.STREET ADDRESS	/ 71P CO	nDE .	
			ER SPRING			10609 LOCKE			20901
	14 FATHER'S NAME	MIDDLE LA	AST.		MAIDEN NAM	WE			AST
)	ROBERT		ITH		FIRST ELLA	MAE		Į.A.	51
	160. WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIA	L SECURITY NO.	17 INFORMA	NT	ADDRE	SS		
	NO NO		07-0879	WALTE	R BROWN	/SON-IN-LAW	J/SAM	E AS 13	
	18 CAUSE OF DEATH (Enter on	nly one couse per line for (o),	(b), and cil		retes				XIMATE INTERVAL
	PART I. DEATH WAS CAUSE	TE CAUSE (0)	ute	jasi	reces			20	lage
		DUE TO, OR AS A CON	SEQUENCE O						/
	Conditions, if ony, which	(b)							
	gove rise to immediate couse (a), stating the	DUE TO, OR AS A CON	SEQUENCE OF						
	underlying couse lost.	( (c)							
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	IG TO DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR CON	DITION	SIVEN IN PART 1	10
	OLI IN DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	ged will	suo to	Lenk	es	Tan	Lan is a	ALCO THE DE LA ION	
1	OATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFO	RMED	200 AUTOPSY?		YES, WERE FINDI	
	E A CONTAINA (INDIVIDUAL E	20 20 20 20 20 20 20 20 20 20 20 20 20 2	100	Tar Howen		YES NO		YES	NO 🗆
			H DAY YEAR	ZIE HOW IN	JURY OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM TI	8 PART I OR PART ?}	
	(IF EITHER NOTIFY MEDICAL EXAMINER  21d INJURY OCCURRED		19	100 100 100					
	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	211 LOCATIO	IN	CITY OF TO	WN	COUNTY	STATE
	AT WORK AI WORK			6 11	411	0 1	-	97	
	220 I certify that (1) (this hospi	11 1		ed that in [1981]	., 19	death occurred on the de	ote and h		, that (we) lost
	obove, L (we) ( (did no	ot) view the body, after death		DEGREE	(our) opinion c	seom occorred on me or	are ond in		E SIGNED
	Gengstick	was Ed Pu	chards		TTENDING PHYSICIAN	DIRECTOR   STAI	FF IAN	9-1	17-87
	22d. PHYSICIAN'S NAME (TYPE O			22e ADDRES	S				
	DR SENGSTA	CK		3929	FERRARA	A DRIVE WHE	ATON	, MARYLA	ND
	23a. BURIAL, CREMATION, REMOVAL		23c NAME OF C			23d LOCATION		COUNTY	SLAH
	BURIAL	SEPT21,1987	FOREST	LAWN CE	METERY	CHARLOTTE	MECH	KLENBERG	NC NC

DHMH - 16 60M 7/84

24 FUNERAL DIRECTOR

FRANCIS J. COLLINS, JR.

500 UNIVERSITY BLVD. W SILVER SPRING, MD 20901

BP.

(VRA 15, 4)

SEP 2.8 1987

16	5	h. Poge 4 may be	8	funeral director, page 3	SEP
021201		4 haurs ofter death. Page 4 may be		ed in by the funeral director, page 3	Sold State of Sold

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGENE CERTIFICATE OF DEATH

REG. NO

	CEASED NAME	FIRST	E HE T	WIDDLE	ı	AST		20 DATE OF DEA	otember	3 198	
		DAVID	S	TEPHEN		YATES					9:15 /
3. SE)	X		4 RACE		5. DATE C		VE AD	6. AGE IN YEARS	AST BIRTHDAY)	MONTHS DA	
	Male		White		Sept		1945		41 YRS		TS HOURS MIN
	RTHPLACE (STATE O	R FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MADDIE	NEVED	MARRIED -	9 BALTIMORE C	ITY OR COUN	TY OF DEATH	
	ORTH CARO	LINA	US.	A	WIDOWE		MARKIED -	MONTGO	MERY CO	UNTY	M
10 CI	ITY OR TOWN OF D	EATH		HOSPITAL, NURSIN	IG HOME C		-	12a USUAL OCC			O OF BUSINESS OF
_	BETHESDA		NIH,	THE CLINI	CAL C	ENTER		OFFI CE			ITARY
	AL RESIDENCE (# NU STATE VA.	Mb COUNTER	ITY	130. CITY OR TOW SPRINGFI	'N	13d. INSIDE	NO X	13e STREET ADDI	RESS / ZIP CO	SPKI	22153 NGFIELD,
J4 FA	ATHER'S NAME			1000000		15. MOTHER	'S MAIDEN NA	ME	)	S LANE	
1	DAVID		D	YATES		LI	LĽIE		U L	HOI	LAR
160 V	WAS DECEASED EVE			166 SOCIAL SECU	IRITY NO.	17 INFORM	ANT		ADDRESS		
3	YES NO OR UNKNOWN)	196	8-1987	226-62-4	802	MANCY	YATES		4 FISH		LANE
	18 CAUSE OF DEA	TH (Enter or	ly one couse per	line for (a), (b), on		TAMINET	TAILS	WILE S	PRINCEL	ALL ALL AND ADDRESS OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PART	DAIMATE THERVAL EN ONSET AND DEATH
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	gove rise to in couse (a), state underlying cou	ing the se lost.	(c)_	r as a conseque							
NO	PART 2 OTHER SIG	GNIFICANT (	ONDITIONS <u>C</u>	ONTRIBUTING TO E	DEATH BUT	NOT RELATE	D TO THE TERM	INAL DISEASE OR	CONDITION G	IVEN IN PART	10
CERTIFICATION	190 DATE OF OPER	ATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERF	ORMED	200 AUTOPSY	IN CERT	ES, WERE FIN	DINGS USED SES OF DEATH? NO
	21a ACCIDENT WAS U OR CONTRIBUTING	CAUSE OF DE	HOUR A.	OF INJURY M. MONTH DA	AY YEAR	21c. HOW II	NJURY OCCUR	RED (ENTER NATURE O	OF INJURY IN ITEM 16	B PART I OR PART	?)
MEDICAL	21d INJURY OCCU	RRED	21e PLACE	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC )	211 LOCAT		CII	ORTOWN	COUNTY	STATE
	22a I certify that ]	sed olive on	SEPTEM	BER 3 19	SEPTE 87	MBER 2	, 19 <u>87</u> ) (our) opinion	to SEPTI	EMBER 3 the date and hi	19 <u>87</u> our and from t	, that X (we) los the couses stated
	22b SIGNATURE	1		25	_	DEGREE	ATTENDING PHYSICIAN	MEDICAL DIRECTOR P	STAFF	22c DA	3/87
	226 PHYSICIAN'S I	NAME (TYPE O	Poseni	bergn	nD	22e ADDRE	NATIO	NAL INST	ITUTES E, BETH	OF HEAT	LTH ,
	BURIAL, CREMATION	, REMOVAL	236. DATE	23c h	NAME OF C	EMETERY OR	CREMATORY	23d LOCATION	7		
	URIAL		9/8/8	7 NA	TIONA	L CEME	TERY		GTON AR	LINGTO	N VIRGIN
24 FL	UNERAL DIRECTOR NAME EMAINE FU	NERAL	HOMES,	INC ALEXA	NDRIA	, VA 2		SEP 10	TRARIZSE REGI		IATHER)

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physical should be detached for use as the burial-transit permit. Then please remove cardionagapes with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN, The

BP.

DHMH - 16 60M 7/84

(VRA 15, 4)

FOR

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL BY GIENE CERTIFICATE OF DEATH

21007

		REGISTRAR				CERTIF	ICAIE OF DEATH	n n	REG. NO.			
		CEASED NAME	FIRST	MIDDL	E		AST .	2a. DATE O	F DEATH MOR	NIH DAY	Y YEAR	26 HOUR
3	Title	ORPRINT	Ngar		10.0	Y	ee	Sep	t. 26,	, 198	37	9:30Pm
	3. SEX			4 RACE	4		OF BIRTH	6. AGE (IN	rears last birthda		UNDER I YEAR	IF UNDER 24 HRS.
		Male		Orienta:	1	Oct		70		YRS	NTHS BATS	HOURS MIN.
7		IRTHPLACE (STATE	OR FOREIGN	16. CITIZEN OF WHA	AT COUNTRY?	8.	D NEVER MARRIED	9. BALTIMO	RE CITY OR C	OUNTYO	FDEATH	
1	Cl	hina		U.S.A.		WIDOWE	DIVORCED		tgomer	cy Co	ounty	MD
5	10 CI	ITY OR TOWN OF	DEATH	11. NAME OF HOSI			OR OTHER INSTITUTION	12a USUAL	OCCUPATION K FOR MOST OF WO	ORKING LIFET	126 KIND O	Ruby
/	_	ensingte		Kensing			s Nurs. Hom	e Co	ok(Ret	tire	Rest	aurant
5	13a S	Md.	135 COUN		city or tow Bethes	'N	13d Inside City Limits?	5607	ADDRESS / ZII	P CODE Oak	Driv	e 2081
2	14 FA	ATHER'S NAME FIRST	THE R. P.	nown	LAST		15 MOTHER'S MAIDEN N	U	nknowr	1	LAS	
	16a W	VAS DECEASED EV	ER IN U.S. AR.	WAR OR DATES	SOCIAL SECU		'J'88Mette	Y. Pan	ADDRESS-	laugh	iter)	20854
		NO		4(	)2-44-	6971	9220 Bell:	s Mill	Rd. I	Poton		Md.
		PART I. DE ATH	WAS CAUSE		dor 101, (b), one	d (c'. 1	Immany	ALL	est		BETWEEN	IMATE INTERVAL ONSET AND DEATH
			IMMEDIAT	E CAUSE (a)		7.11	1 rown llang	7417	, , (			
1		Canditions, if a	ny, which	DUE TO, OB AS	AGONSEQUE	NCEOF	stic Card	41121	aldr	Disec	24	
Н		gave rise to cause (a), sta	immediate	DUE TO, OR AS	A CONSEQUE	NCE OF						
1		underlying car		(c)								TO LITTLE
	NOI	11-61	IGNIFICANT C		rah m		NOT RELATED TO THE TER		OR SONDITION	ON GIVEN	IN PART 1	II.
?	CERTIFICATION	190 DATE OF OPE	RATION	196 CONDITION	N FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTO		L IF YES, W	VERE FINDING CAUSES	OF DEATH?
V		210. ACCIDENT WAS		216. TIME OF IN.		Y YEAR	21c HOW INJURY OCCU					
	CAL	(IF EITHER NOTIFY M	_	In .		19						
	MEDICAL	21d INJURY OCCI		21e, PLACE OF IN	ACTORY, OFFICE, F	ARM, ETC )	21f LOCATION STREET		CITY OR TOWN		COUNTY	STATE
			WHILE									
			(I) (this hospit ased alive on.	al) attended the dec	ceosed from_	2.0	1903	, to	sm.	22, 19,		that (۱) (العبيد) last
				view the body after	death.		nd that in (my) ( <del>oot)</del> opinion	n death accurre	d on the date o	and hour or		
		Ma	toye	Ath	4	by	ATTENDING PHYSICIAN	MEDICAL	STAFF		9/2	7 18)
1		PHYSICIAN'S	NAME (TIPLO	monty h	10 1	y. 2	220 ADDRESS /2	99-1	Ambo	アナイス		me
	22. 2	10(0-10	7	LTYCHA	160	7.V	Jilver 5	pt mp,	my	20	902	
	230 B	BURIAL, CREMATIO SPECIFY) Buria		10/2/8°			EMETERY OR CREMATORY	CITY	ORTOWN		OUNTY	STATE
	24 FU	INERAL DIRECTOR					f HeavenCe	TE REC'D. BY R		prin		
	133	31 Rocky	Whee	Pike Roc	ckviii	ome e, M	Inc. 2085200	T 2			Carges .	

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hould be detached for use as the burial-transit permit. Then plea with the State Dept. of Health and Mental Hygiene prior to burial

BP DHMH - 16 50M 1/81 (VRA 15, 4)

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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENT A HYGENE

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FOR STATE REGISTRAR	DEP		EALTH AND MENTAL HYG CATE OF DEATH	11 27 11	3 7
	FIRST MIDDLE	LA	AS1	REG. NO.	OAY YEAR 25 HOUR
TYPE OR PRINT)					1 20
	Herman A.		ukerman	09-12-87	P
3 SEX	, 4 RACE	S. DATE O	F BIRTH YEAR	6. AGE (IN YEARS LAST BIRTHOAY)	MONTHS DATS HOURS A
Male	CAUCASIAN	1.7	18 12	74 YRS	
TO BIRTHPLACE (STATE OR FOI	REIGN THE CITIZEN OF WHAT COUN	TRY? I.		1. BALTIMORE CITY OR COUN	
COUNTRY			NEVER MARRIED		
COLORADO \	U.S.A.	WIDOWE		MONIGOMERY  120. USUAL OCCUPATION	126 KIND OF BUSINESS
10 CITY OR TOWN OF DEAT	H 11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE:		K OTHER INSTITUTION	(179E OF WORK FOR MOST OF WORKING	
BETHESDA	SUBURBAN HOS			SUPERVISOR	TRUCKING
USUAL RESIDENCE IN NURSIN	HOME OR OTHER INSTITUTION, GIVE RESIDENCE	BEFORE ADMISSION	AND INCOME CHANGE	In CIPET ADDRESS	GRAR
ILLINOIS		GROVE	134 INSIDE CITY LIMITS?	5506 NORTH LI	NCOLN AVE. 60
FATHER'S NAME	cook portor	GLOVE	15 MOTHER'S MAIDEN NA		WOLLY AVE 7 OC
FIRST	MIDDLE	_	FIRST	MIDDLE	LAST
YEHUDAH	ZUKERMAN	l l	BAILA		MORAVIN
160 WAS DECEASED EVER IN	U.S. ARMED FORCES? 166 SOCIAL	SECURITY NO.	17 INFORMANT WIF	E ADDRIO	N GROVE, ILL.
NO OR UNKNOWN)		8-0508		RMAN: 5506 NORT	H LINCOLN AVE
			/ /		APPROXIMATE INTERVA BETWEEN ONSET AND DE
PART I. DEATH WA	(Enter only one cause per line for (o), (t S CAUSED BY:	or, and (cl.)	6.1	-(17)	BRIWLEN ONSET AND DE
	MEDIATE CAUSE (0)	XII QA	n copyrigos	NY	Jaryo
	DUE TO, OR AS-A-CONS	FQUENCE OF	14	1 (/	Call
Conditions, if any,		on	of large	prind	& lays
gove rise to imme	diote		0		
cause (a), stating underlying cause	DOL TO, OK AS A COITS	EQUENCE OF			
	( lc)				
1 1 -1	FICANT CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION C	SIVEN IN PART 10
O Hand	respirating (	ALL N Lea	BJANKNA	1	
19a DATE OF OPERATION 21a, ACCIDENT WAS UNDER	ON 196 CONDITION FOR W	HICH OPERATION	N WAS PERFORMED		ES, WERE FINDINGS USED
E 9-5-87	Judgeste	d de	5-1	YES NOTE	TIFYING CAUSES OF DEATH
210. ACCIDENT WAS UNDER	RIVING TO 116 TIME OF INJURY	00	1215 HOW IN ILLEY OCCUP	RED (ENTER NATURE OF INJURY IN ITEM T	
On COLUMNIA CA		DAY YEAR	ZIE HOW MAJORI OCCOR	(ENIER MATURE OF INJURY IN TEM I	6 PART   ORPART 2)
S (IF EITHER, NOTIFY MEDICA		19			
(# EITHER NOTIFY MEDICA	D 21e. PLACE OF INJURY	erick tilling Erc i	211 LOCATION	CITY OR TOWN	COUNTY STA
ALLIEF MOLANIE	[AT HOME, STREET, FACTORY, O	FFICE, FARM, ETC ]	. 73		04
		- 0-	1-11-10	9/2	100 show the form
saw the deceased	his hospital) attended the deceased f	Pe 11/	debat in (my) (and an ana	death occurred on the date and h	, that (I) (we
above, (1) (wested)	(did not) view the bady after death.	.17, on	ia mar in (my) (auri-apinion	uearn accurred on the date and h	our and from the couses state
226. SIGNATURE	-2 //	1.0	DEGREE		220 DATE SIGNED
W.	// // // // /	N)	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	9.12.8
274 PHYSICIAN ENTO	All I was do seen I		22e ADDRESS (2) >/	DIRECTOR FITTSICIAN	10000
7 11-11	1000		The Abbress of S	( And Exclusion	JI With
I d.Dit W U	N. C. 1990 C. 1890/N		MILLER )	PRING. MIV. C	3910
V / W U M V	repor I vis		P ( C 0 1 )		
230 BURIAL CREMATION. R	EMOVAL 23b. DATE	23c. NAME OF C	EMETERY OR CREMATORY	234 LOCATION	
230 BURIAL, CREMATION, RI				CITY OR TOWN	
230 BURIAL, CREMATION, RI			N CEMETERY	COOK	COUNTY ILI
BURIAL  24 FUNERAL DIRECTOR  NAME DANIZAN	9/15/87	WESTLAWN	N CEMETERY ADET S	COOK TE REC'D. BY REGISTRAR 256 REG	COUNTY IL
BURIAL  24 FUNERAL DIRECTOR  NAME DANIZAN		WESTLAWN	N CEMETERY ADET S	COOK TE REC'D. BY REGISTRAR 256 REG	COUNTY IL